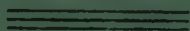




COUNTY BOROUGH OF DERBY



ANNUAL REPORTS

OF THE

Medical Officer of Health

AND

Principal School Medical Officer

FOR THE

Year, 1965

BY

V N LEYSHON, M.D. (LOND.), D.P.H.



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Public Health Department,
The Council House,
Corporation Street,
Derby.

TO THE CHAIRMAN AND MEMBERS OF THE
HEALTH AND EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report for 1965.

The estimated population has decreased by 840 to 129,190. The birth rate has risen slightly from 18.17 (1964) to 18.56 (1965). The death rate has decreased from 13.39 (1964) to 12.99 (1965). The still-birth rate has increased from 17.05 (1964) to 17.20 (1965). The infantile death rate has decreased from 23.69 (1964) to 16.67 (1965). There were no maternal deaths in 1965.

In March 1965 a domiciliary Cytology service was started and further details will be found in the body of the Report. Sufficient to say here that the service has been more than welcomed by the women of the town, and it is now regarded as part of the normal duty of the home nurse.

The work of the various services of the Department is described in detail in the Report.

I should like to close on a personal note and thank you, Mr. Chairman, and all the members of the Health Committee for the assistance, encouragement and support I have invariably received from yourself and them. I should also like to add my appreciation of the friendly advice and help always freely available from the officers of other departments of the Corporation; and finally I wish to thank the entire staff for their willing co-operation and service during the year.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

V. N. LEYSHON.

COUNTY BOROUGH OF DERBY.

HEALTH COMMITTEE.

Chairman : ALDERMAN E. A. ARMSTRONG.

Deputy Chairman : COUNCILLOR J. DILWORTH.

ALDERMAN BOWMER.	COUNCILLOR GUEST.
„ MRS. RIGGOTT.	„ JARVIS.
COUNCILLOR BARLOW.	„ LAMB.
„ BENTLEY.	„ LONGDON.
„ MRS. BRANSON.	„ PRITCHARD.
„ CAREY.	„ STOKES.
„ CLAY.	„ STOTT.
„ MRS. COOKE.	„ SWAIN.

Functions :—General Administration.

Ambulance Service.

To receive minutes of the Sanitary Sub-Committee and to confirm minutes of the Health Services Sub-Committee.

HEALTH SERVICES SUB-COMMITTEE.

THE CHAIRMAN AND DEPUTY CHAIRMAN.

ALDERMAN BOWMER.	COUNCILLOR LONGDON.
„ MRS. RIGGOTT.	„ STOTT.
COUNCILLOR BENTLEY.	„ SWAIN.
„ CLAY.	*DR. A. H. D. HUNTER.
„ MRS. COOKE.	*DR. D. H. RHIND.
„ GUEST.	*MR. P. DAWSON.
„ LAMB.	

Functions :—Duties under the relevant Acts in relation to :—

Care of Mothers and Young Children (including Day Nurseries).

Welfare Foods.

Care and After Care.

Domestic Help.

Home Nursing.

Health Visiting.

Mental Health.

Midwifery.

Vaccination and Immunisation.

*—*Co-opted Members.*

SANITARY SUB-COMMITTEE.

THE CHAIRMAN AND DEPUTY CHAIRMAN.

COUNCILLOR	BENTLEY.	COUNCILLOR	LAMB.
"	MRS. BRANSON.	"	LONGDON.
"	CAREY.	"	PRITCHARD.
"	MRS. COOKE.	"	STOKES.
"	JARVIS.	"	SWAIN.

Functions :—Duties under the relevant Acts in relation to :—
Environmental Hygiene.

EDUCATION COMMITTEE.

Chairman : COUNCILLOR DILWORTH.

Deputy Chairman : ALDERMAN RUSSELL.

ALDERMAN	COLLIER.	COUNCILLOR	MCANULTY.
"	MRS. MACK.	"	SIMMS.
"	STURGESS.	"	SLACK.
COUNCILLOR	MRS. ARMSTRONG.	"	STOKES.
"	MRS. BRANSON.	"	TILLET.
"	BURROWS.	"	T. L. WHITE.
"	CLARKE.	"	MRS. WOOD.
"	MRS. COLLIS.	*ALD.	MRS. A. M. BELFIELD.
"	GUEST.	*DR.	W. R. C. CHAPMAN
"	HARPER.	*REV.	J. K. LLOYD-WILLIAMS.
"	JARVIS.	*REV.	J. A. NORMAN.
"	JONES.	*MR.	B. J. SHINGLETON.
"	LAMB.	*MR.	E. TINGLE.

SPECIAL SERVICES SUB-COMMITTEE.

CHAIRMAN AND DEPUTY CHAIRMAN OF EDUCATION COMMITTEE EX-OFFICIO
MEMBERS.

ALDERMAN	MRS. MACK.	COUNCILLOR	JONES.
COUNCILLOR	MRS. ARMSTRONG.	"	T. L. WHITE.
"	MRS. BRANSON.	"	MRS. WOOD.
"	COLLIS.	*DR.	W. R. C. CHAPMAN.
"	GUEST.	*REV.	J. K. LLOYD-WILLIAMS.
"	HARPER.	*MR.	B. J. SHINGLETON.
"	JARVIS.		

Functions :—The School Health Service.

*—*Co-opted Members.*

STAFF.

(at 31-12-65)

MEDICAL.*Medical Officer of Health and Principal School Medical Officer :—*

V. N. LEYSHON, M.D. (Lond.), D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer :—

J. E. MASTERSON, M.B., Ch.B., D.P.H.

Senior Assistant Medical Officers of Health :—

G. W. R. MACGREGOR, L.R.C.P., L.R.C.S., L.R.F.P.S.

M. M. F. ROBINSON, M.D. (Belfast), B.A.O., D.P.H., L.M. (Belfast).

School Medical Officers :—

C. L. NOBLE, M.R.C.S., L.R.C.P.

E. B. PAGE, M.B., B.S.

M. NEWLANDS, M.B., Ch.B.

*A. DALZIEL, M.B., Ch.B.

*A. MORRISON, L.R.C.P. & S. (Ed.), L.R.F.P.S. (Glas.)

*G. P. STILLEY, M.A., L.R.C.P. & S., D.T.M. & H.

*Chest Physician :—*H. L. MATTHEWS, M.D., L.R.C.P., *Consultant General Physician.**Consultants :—**R. J. M. JAMIESON, M.B., B.Ch., M.R.C.O.G.,
*Obstetrician and Gynaecologist.**N. L. EDWARDS, F.R.C.S., F.R.C.O.G. (Cytology Clinic).
*Obstetrician and Gynaecologist.**Psychiatrist :—**T. A. RATCLIFFE, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M.,
D.C.H.**DENTAL.***Principal School Dental Officer :—*

F. GROSSMAN, L.D.S. (Q.U. Belfast).

Assistant Dental Officers :—(Establishment 4).

M. RIGBY, L.D.S., R.F.P.S. (Glas.).

*E. S. WOOD, L.D.S. (Glas.).

Anaesthetist :—

*E. ANDERSON, M.B., Ch.B., D.A.

*R. BLAIR, M.A., M.B., Ch.B.

Dental Auxilliary :—(Establishment 1).

MRS. R. M. KNOWLES.

Dental Surgery Assistants :— 6.

NON-MEDICAL

Chief Clerk:—

J. F. HARDING, D.M.A.

Senior Clerk:—

T. H. LIMBERT.

Clerks:—

Health Department—36.

SCHOOL HEALTH SERVICE:—

*Chief Clerk:—*F. OAKES.*Clerks:—*10.*Senior Social Case Workers:—*

R. L. CARABINE, A.M.I.A.

Social Case Workers:—(Establishment 3).

*MRS. L. J. F. HAMMOND, B.A. in Political Economy, Post-Graduate Certificate in Social Science.

*MRS. A. K. HOLMES, Upper Second Honours Degree in Sociology.

MISS C. M. JONES, Diploma in Social Science.

*Trainee Social Case Worker:—*1. (Establishment 2).*Senior Mental Welfare Officer:—*

F. F. WRIGHT.

Mental Welfare Officers:—(Establishment 4).

A. CRABTREE, S.R.N., R.M.N., Diploma in Political, Economic and Social Studies.

MISS A. GRIFFIN, Diploma issued by Council for Social Work Training.

J. F. GRIFFITHS, R.M.N.

N. G. SCRIVEN, S.R.N., R.M.N.

*Trainee Mental Welfare Officer:—*1.*Psychiatric Social Workers:—*

Health Department (Establishment 1). (Post Vacant).

School Health Service (Establishment 1).

*MRS. G. M. COWELL, B.Com. (Social Studies) Birmingham, Mental Health Certificate.

Occupational Therapists:—(Establishment 2).

MRS. E. M. BENTLEY, R.M.P.A., R.M.N. Cert., M.A.O.T. Diploma.

*MRS. G. J. BRAMLEY, M.A.O.T. Diploma.

Supervisor of Home Helps:—

MRS. E. C. BAKER.

Assistant Supervisor:—

MRS. J. A. SMITHERS.

Home Helps — 135 (Part-time).

NON-MEDICAL—*continued.*

Psychologist:—

School Health Service (Establishment 1).

R. B. CLAIBORNE, Ph.D. (New York), B.Sc.

Senior Speech Therapist:—

*MISS A. M. FLEMING, L.C.S.T.

Speech Therapist:—

MISS A. HERDMAN, L.C.S.T.

Remedial Teacher:—

MISS D. M. HARDY, National Foebel Certificate.

Remedial Gymnast:—

G. SOMMERVILLE, M.S.R.G.

Junior Training Centre, Ivy Square:—

Supervisor—MISS V. M. ROBINSON, C.A.M.W. Diploma.

Assistant Supervisors—5. (Establishment 7).

Trainee—1. (Establishment 1).

**Guides*—7.

Domestics—4.

Caretaker—1.

Supervisor of Day Nurseries:—

MRS. M. R. MOSS, S.R.N., Nursery Diploma.

Day Nurseries:—

Matrons—4. (Establishment 4).

Deputy Matrons—4. (Establishment 4).

Staff Nursery Nurses—15. (Establishment 15).

Nursery Students—30. (Establishment 30).

Wardens—Nil. (Establishment 4).

Domestics—3 full-time. 7 part-time.

Caretaker—1.

Superintendent Health Visitor:—

MISS J. HEADINGTON, S.R.N., H.V., Housekeeping Certificate.

Health Visitors—15. (Including 2 part-time). (Establishment 18).

Infectious Disease Visitor—1. (Establishment 1).

School Health Nurses—5. (Establishment 8).

Tuberculosis Visitors—2. (Establishment 2).

NON-MEDICAL—continued.

Superintendent of Home Nursing Service:—

MISS D. M. CLEWES, S.R.N., S.C.M., H.V.

Deputy Superintendent:—

N. G. KING, S.R.N.

Home Nurses—22. (Establishment 22).

Bath Attendant—1.

Domiciliary Midwives—11. (Including 1 Maternity Nurse). (Establishment 14).

Chiropodists:—(Establishment 2 part-time).

*MRS. E. MULLINEUX, S.R.Ch.

*MRS. A. GREATOREX, S.R.Ch.

Chiropody Clinic Assistant—1. (Establishment 1).

Chief Public Health Inspector:—

R. DAVIES, M.S.I.A.

Deputy Chief Public Health Inspector:—

A. WENN, M.S.I.A.

Senior Public Health Inspectors:—

Meat and Other Foods—1.

Smoke Control—1.

Housing—1.

Offices, Shops and Railway Premises—1.

Public Health Inspectors—(All branches) 7. (Establishment 12).

Assistant Industrial Smoke Inspector—1.

Smoke Control Assistants—2. (Establishment 2).

Technical Assistants—2. (Establishment 2).

Trainee Public Health Inspectors—4. (Establishment 5).

Authorised Meat Inspector—1.

Rodent Control Officer—1.

Rodent Operatives—4.

Labourer (Disinfestation)—1.

Public Analyst:—

*R. W. SUTTON, B.Sc., F.R.I.C.

Miscellaneous:—

Medical Attendants (School Health Service)—4.

Cleansing Attendants (School Health Service)—3.

*Welfare Clinic Assistants—3.

*Welfare Clinic Domestic—1.

*—Part-time.

I—GENERAL.

STATISTICAL SUMMARY.

Area of Borough	8,116 Acres.
Elevation above sea level	<div> <div>highest, Burton Road ... 325 ft.</div> <div>lowest, Alvaston Ward... 126 ft.</div> <div>Market Place ... 157 ft.</div> </div>
Population at Census, 1961	<div> <div>Males 65,229</div> <div>Females 67,179</div> </div> ... 132,408
Estimated Population for 1965 (Mid-year)	129,190
Number of Houses (1961 Census)	42,190
„ Inhabited Houses at 31/3/1966 (according to Rate Books)	40,635
„ Uninhabited Houses at 31/3/1966 (according to Rate Books, including property scheduled for demolition)	589
Number of Families or separate Occupiers (Census, 1961)	43,081
Number of persons per acre at Census, 1961	16.3
„ „ „ 1951	17.4
Number of persons per House at Census, 1961	3.13
„ „ „ 1951	3.56
Rateable Value of the Borough (General Rate)	£6,737,676
Estimated amount realised by a Penny Rate	£26,800

1965

Live Births	2,399
Live Birth Rate per 1,000 population	18.56
Illegitimate Live Births per cent. of total live births	12.58
Still Births	42
Still Birth Rate per 1,000 live and still births	17.20
Total Live and Still Births	2,441
Infant Deaths	40
Infant Mortality Rate per 1,000 live births—Total	16.67
„ „ „ —Legitimate	13.75
„ „ „ —Illegitimate	29.17
Neo-Natal Mortality Rate per 1,000 live births	12.50
Early Neo-Natal Mortality Rate per 1,000 live births (under 1 week)	11.67
Perinatal Mortality Rate (still births and deaths under 1 week combined) per 1,000 total live and still births	28.67
Maternal Deaths (including abortion)	—
Maternal Mortality Rate per 1,000 live and still births	—

Marriages	...	...	...	...	...	...	...	...	1,156
No. of Marriage per 1,000 population	...	...	...	...	...	...	...	...	8.94
Birth Rate adjusted by Area Comparability Factor (1.09)	...	...	...	...	...	...	...	...	20.23
Deaths	...	...	...	...	...	...	...	...	1,679
Death Rate per 1,000 population	...	...	...	...	...	...	...	...	12.99
Death Rate adjusted by Area Comparability Factor (0.93)	...	...	...	...	...	...	...	...	12.08
Excess of Births registered over Deaths	...	...	...	...	...	...	...	...	720
Deaths from Measles (all ages)	...	...	...	...	...	...	...	...	—
„ Whooping Cough (all ages)	...	...	...	...	...	...	...	...	—
„ Diarrhoea (under two years of age)	...	...	...	...	...	...	...	...	—
„ T.B. of Respiratory System	...	8	per	...	...	...	...	...	.061
„ Other Tuberculous Diseases	...	2	1,000	...	...	...	...	...	.015
„ Respiratory Diseases	...	259	population	...	...	...	...	...	2.0

NATIONAL STATISTICS.

	E. & W.	LONDON ADMINISTRATIVE COUNTY.	DERBY.
Birth Rate	18.1	17.9	18.56
Death Rate	11.5	11.0	12.99
Infantile Mortality (per 1,000 Births)..	19.0	18.4	16.67

DEATHS OF DERBY RESIDENTS DURING THE YEAR, 1965.

CAUSE OF DEATH.	All ages	Under 4 weeks	1 month to 1 year	Total under 1 year	1—4	5—14	15—24	25—34	35—44	45—54	55—64	65—74	75+
1. Tuberculosis, Respiratory System	8	..	..	..	..	..	..	..	1	..	4	1	2
2. Tuberculosis, Other	2	..	..	..	..	..	..	..	2	..	..	..	..
3. Syphilitic Diseases	4	..	..	..	..	..	..	..	..	..	1	1	2
4. Diphtheria .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Whooping Cough .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Meningococcal Infections ..	1	..	..	..	1	..	..	..	..	..	..	..	..
7. Acute Poliomyelitis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Measles .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
9. Other Infective and Parasitic Diseases	2	..	..	..	..	..	..	..	1	..	1	..	..
10. Malignant Neoplasm, Stomach	32	..	..	..	..	..	..	..	..	4	3	16	9
11. Malignant Neoplasm, Lung and Bronchus	86	..	..	..	..	..	..	..	2	11	30	31	12
12. Malignant Neoplasm, Breast ..	20	..	..	..	..	..	..	..	..	5	7	4	4
13. Malignant Neoplasm, Uterus ..	12	..	..	..	..	..	..	..	1	3	5	1	2
14. Other Malignant and Lymphatic Neoplasms	156	..	..	..	..	2	..	2	7	15	38	42	50
15. Leukaemia	8	..	..	..	..	2	..	..	..	1	2	2	1
16. Diabetes	10	..	..	..	..	..	..	..	1	..	3	4	2
17. Vascular Lesions,	198	..	..	..	1	..	..	..	2	9	23	56	107
18. Coronary Disease, Angina	328	..	..	..	..	..	..	1	7	30	78	112	100
19. Hypertension with Heart Disease	15	..	..	..	..	..	..	..	..	1	4	4	6
20. Other Heart Disease	205	..	..	..	..	..	1	1	3	5	14	39	142
21. Other Circulatory Disease ..	91	..	..	..	..	..	..	..	2	3	8	17	61
22. Influenza	1	..	..	..	..	..	..	..	..	..	..	..	1
23. Pneumonia	138	4	3	7	3	..	..	..	3	2	9	29	85
24. Bronchitis	115	..	..	..	..	1	..	..	3	8	33	43	27
25. Other Respiratory Diseases ..	16	1	..	1	..	1	..	..	..	1	4	4	5
26. Ulcer of Stomach or Duodenum	19	..	..	..	..	..	..	..	..	1	3	6	9
27. Gastritis, Enteritis & Diarrhoea	9	..	..	..	..	..	..	..	..	1	1	4	3
28. Nephritis and Nephrosis	8	..	..	..	..	..	1	..	..	..	2	2	3
29. Hyperplasia of Prostate	1	..	..	..	..	..	..	..	..	..	..	..	1
30. Pregnancy—Birth & Abortion ..	..	..	..	..	..	..	..	..	..	..	..	..	..
31. Congenital Malformations	17	6	4	10	1	..	..	..	1	2	..	2	1
32. All Other Diseases	110	18	2	20	..	4	1	4	5	8	16	26	26
33. Motor Vehicle Accidents	24	..	..	..	1	2	3	4	1	2	7	2	2
34. All Other Accidents	32	1	1	2	2	1	1	2	2	2	3	6	11
35. Suicide	11	..	..	..	..	..	1	1	3	2	3	1	..
36. Homicide & Operation of War ..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL	1679	30	10	40	9	13	8	15	47	116	302	455	674

Causes of Death during 10 years, 1956-1965.

CAUSE OF DEATH.	YEARS.									
	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Tuberculosis, Respiratory	13	10	9	10	15	11	11	4	6	8
Tuberculosis, Other	1	2	..	..	1	..	..	..	..	2
Syphilitic Disease	5	..	4	3	2	4	..	..	8	4
Diphtheria .. ..	..	..	..	..	2	..	..	..	..	..
Whooping Cough .. ..	..	..	..	..	..	..	..	..	..	..
Meningococcal Infections .. ..	..	1	..	1	1	1	1	1	1	1
Acute Poliomyelitis .. ..	..	..	..	..	..	..	..	..	..	..
Measles .. ..	..	..	..	..	..	..	..	..	2	..
Other Infective and Parasitic Diseases	3	..	2	1	1	..	2	3	..	2
Malignant Neoplasms	304	271	275	257	280	283	255	288	297	306
Leukaemia, Aleukacmia	6	9	7	6	8	5	4	8	2	8
Diabetes	6	9	12	7	7	11	11	7	5	10
Vascular Lesions of Nervous System	216	201	211	216	210	200	194	212	213	198
Heart Disease	586	569	557	579	567	624	628	502	638	548
Other Circulatory Disease	89	97	103	89	94	90	84	144	71	91
Influenza	2	15	6	11	1	12	5	2	2	1
Pneumonia	129	121	145	151	185	221	169	167	136	138
Bronchitis	88	83	79	77	85	99	110	135	105	115
Other Diseases of Respiratory System	13	17	18	16	12	8	11	8	12	16
Ulcer of Stomach and Duodenum ..	18	15	12	14	17	12	13	15	12	19
Gastritis, Enteritis and Diarrhoea ..	10	5	8	7	7	8	11	4	10	9
Nephritis and Nephrosis	12	11	17	9	14	9	15	18	4	8
Hyperplasia of Prostate	6	5	8	2	4	4	6	1	6	1
Pregnancy, Childbirth and Abortion	..	3	..	..	1	..	1	..	..	..
Congenital Malformations	14	22	19	18	22	13	18	12	11	17
Other Defined and Ill-defined Diseases	149	144	113	141	112	110	107	145	116	110
Motor Vehicle Accidents	17	15	19	19	19	17	30	16	19	24
All Other Accidents	33	29	25	43	41	35	33	32	52	32
Suicide	16	20	19	20	13	18	7	16	12	11
Homicide and Operations of War ..	2	1	..	..	..	1	1	..	2	..
ALL CAUSES—TOTALS	1738	1675	1668	1697	1721	1796	1727	1740	1742	1679

Burials.—The total burials in the Derby cemeteries for the year 1965 were 944; 828 ordinary burials and 116 still-born.

Inquests held during 1965.—These numbered 147—99 males and 48 females.

Mortuary.—Post-mortem examinations, 615.

THE PRINCIPAL CAUSES OF DEATH—1965

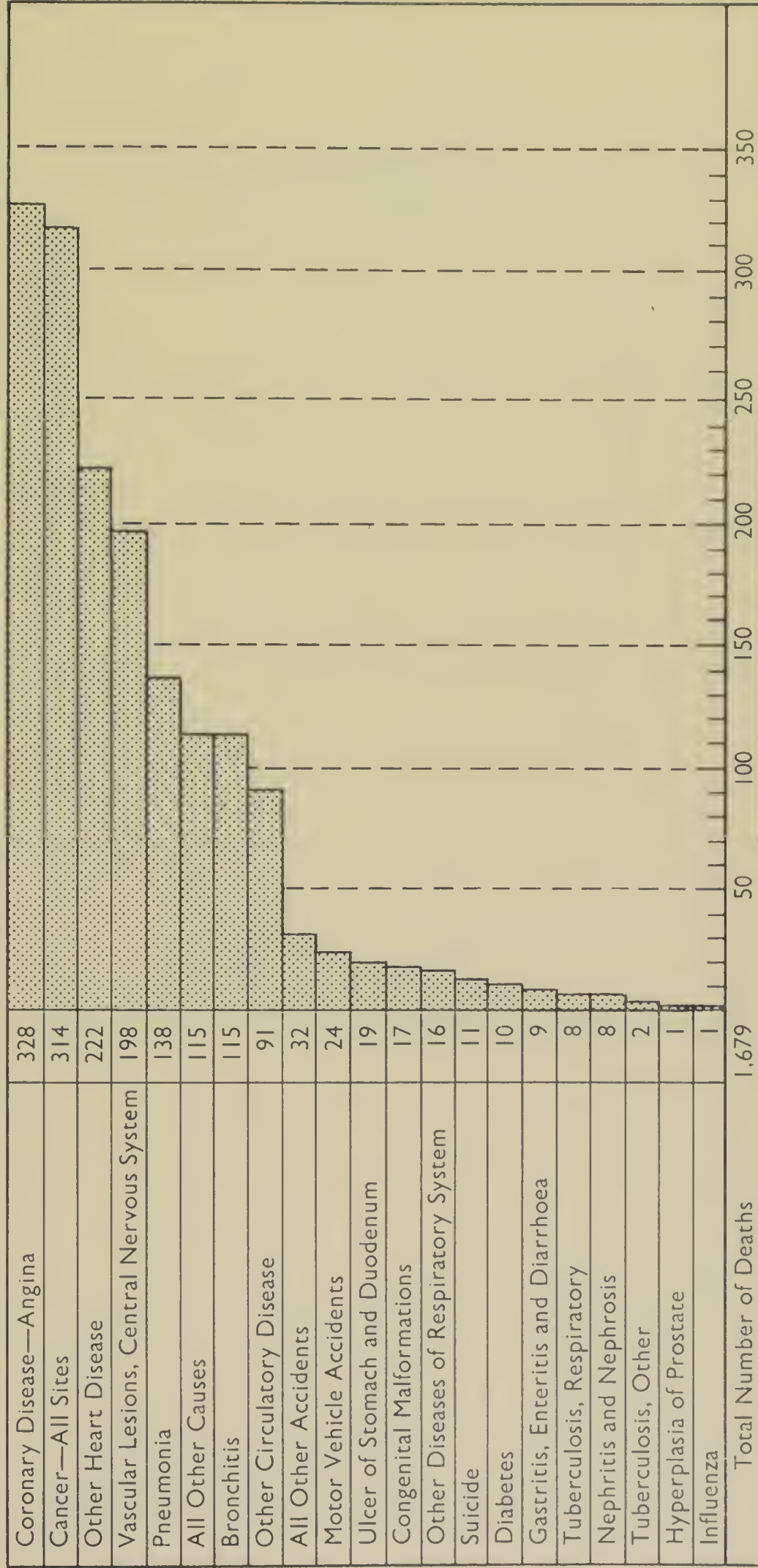


TABLE I

BIRTH RATE PER 1,000 LIVING ———

DEATH RATE PER 1,000 LIVING - - - - -

Rate per 1,000 of the population.

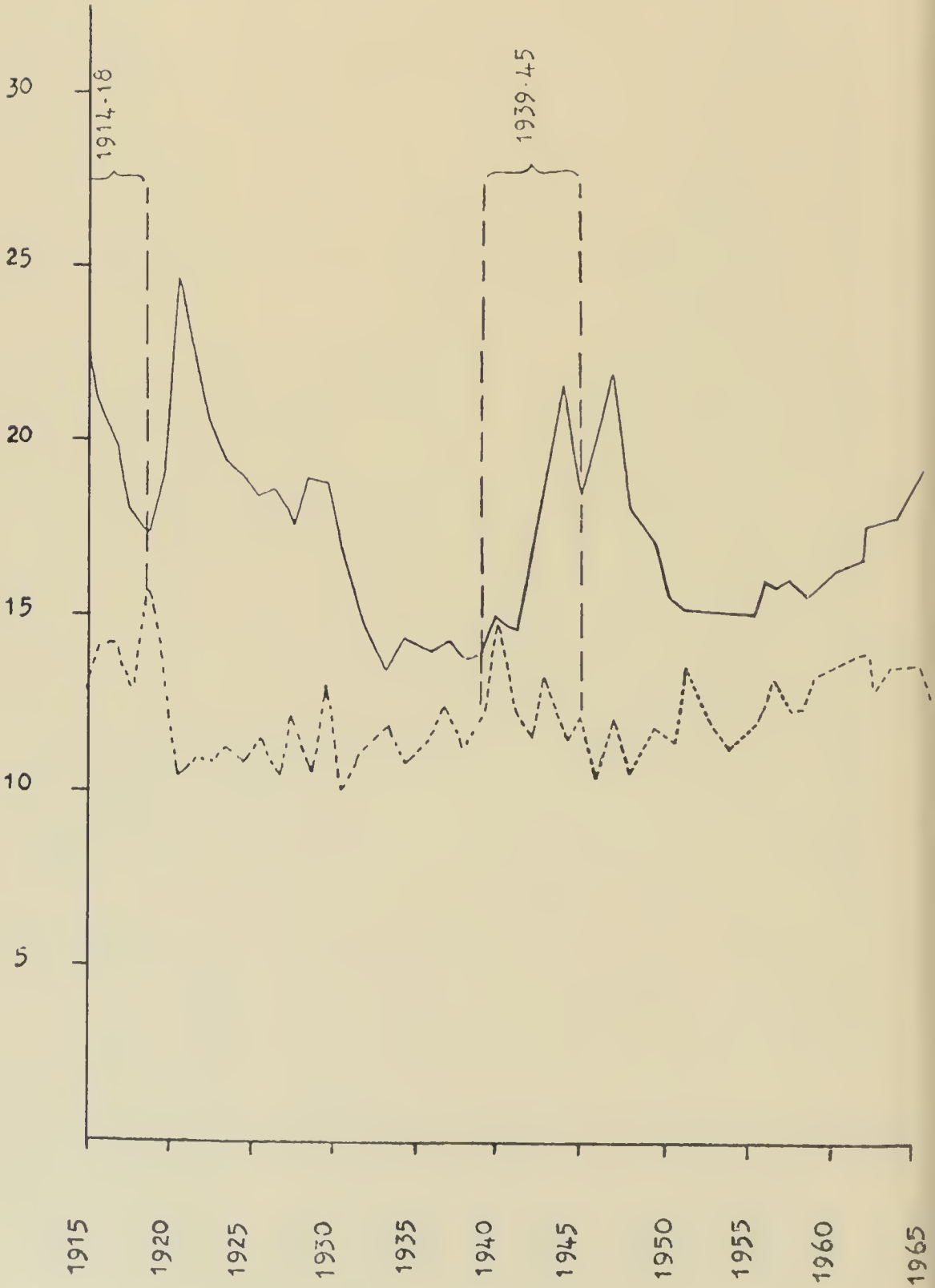
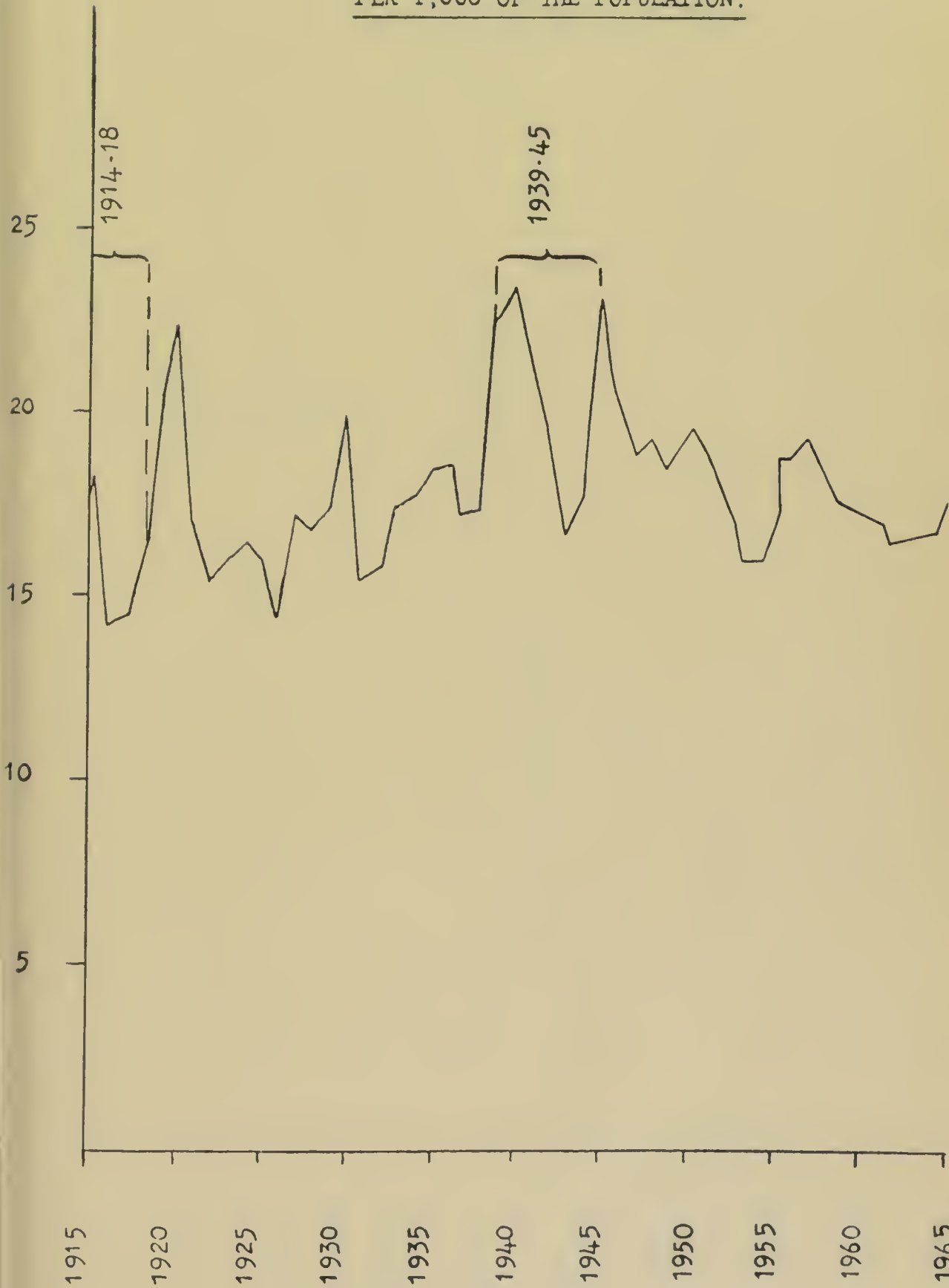


TABLE II

PERSONS MARRIED

PER 1,000 OF THE POPULATION.



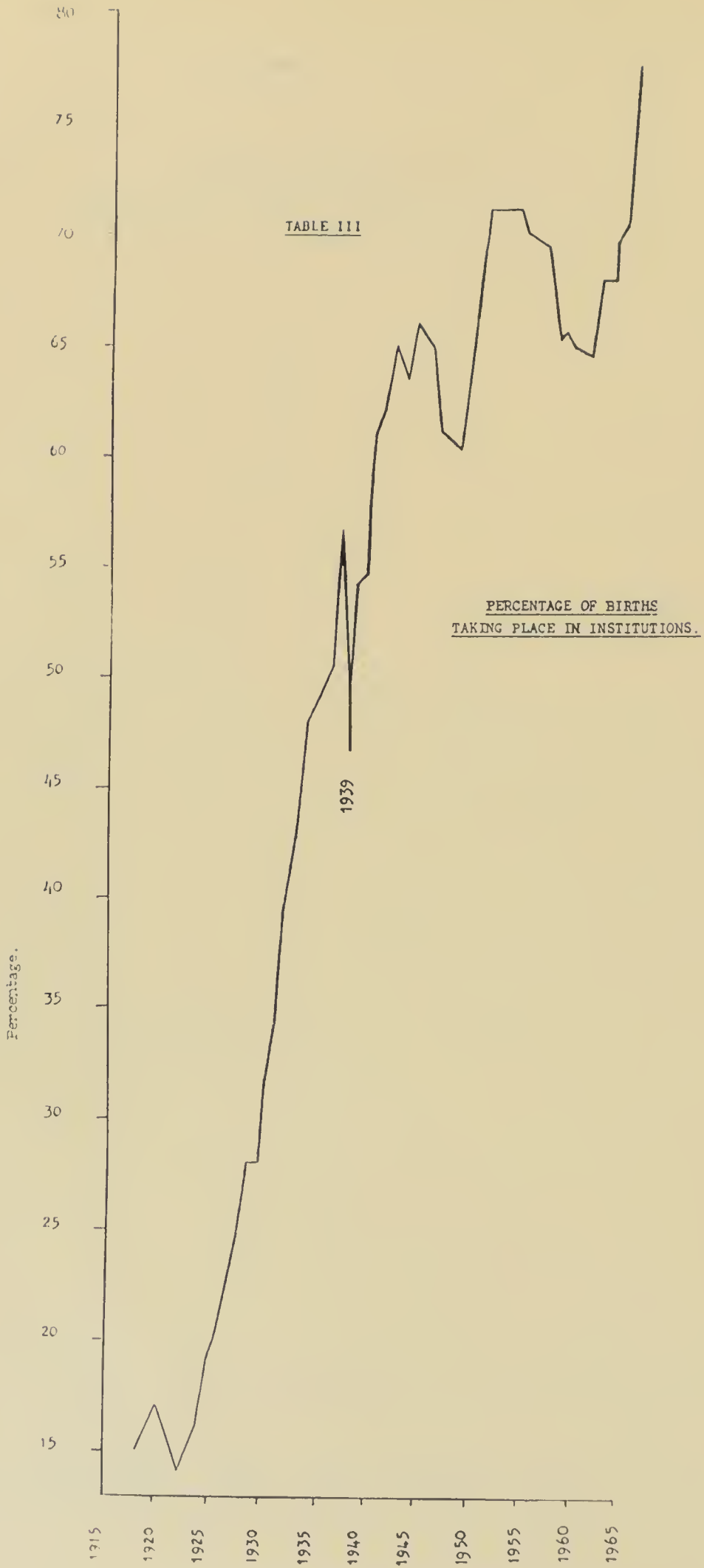
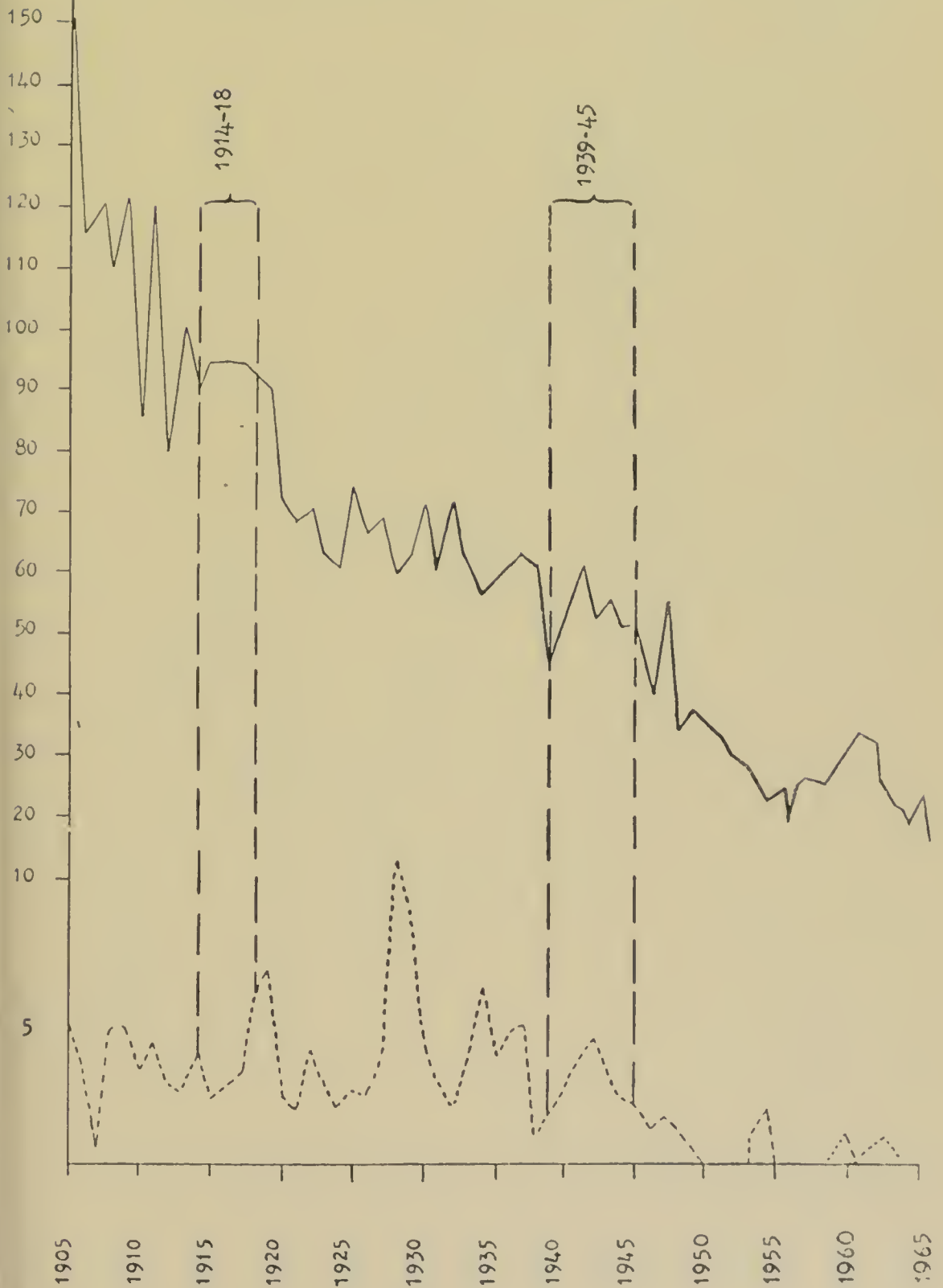


TABLE IV

Infantile Mortality Rate
per 1,000 Live Births - - - -

Maternal Mortality Rate
per 1,000 Births - - - - -



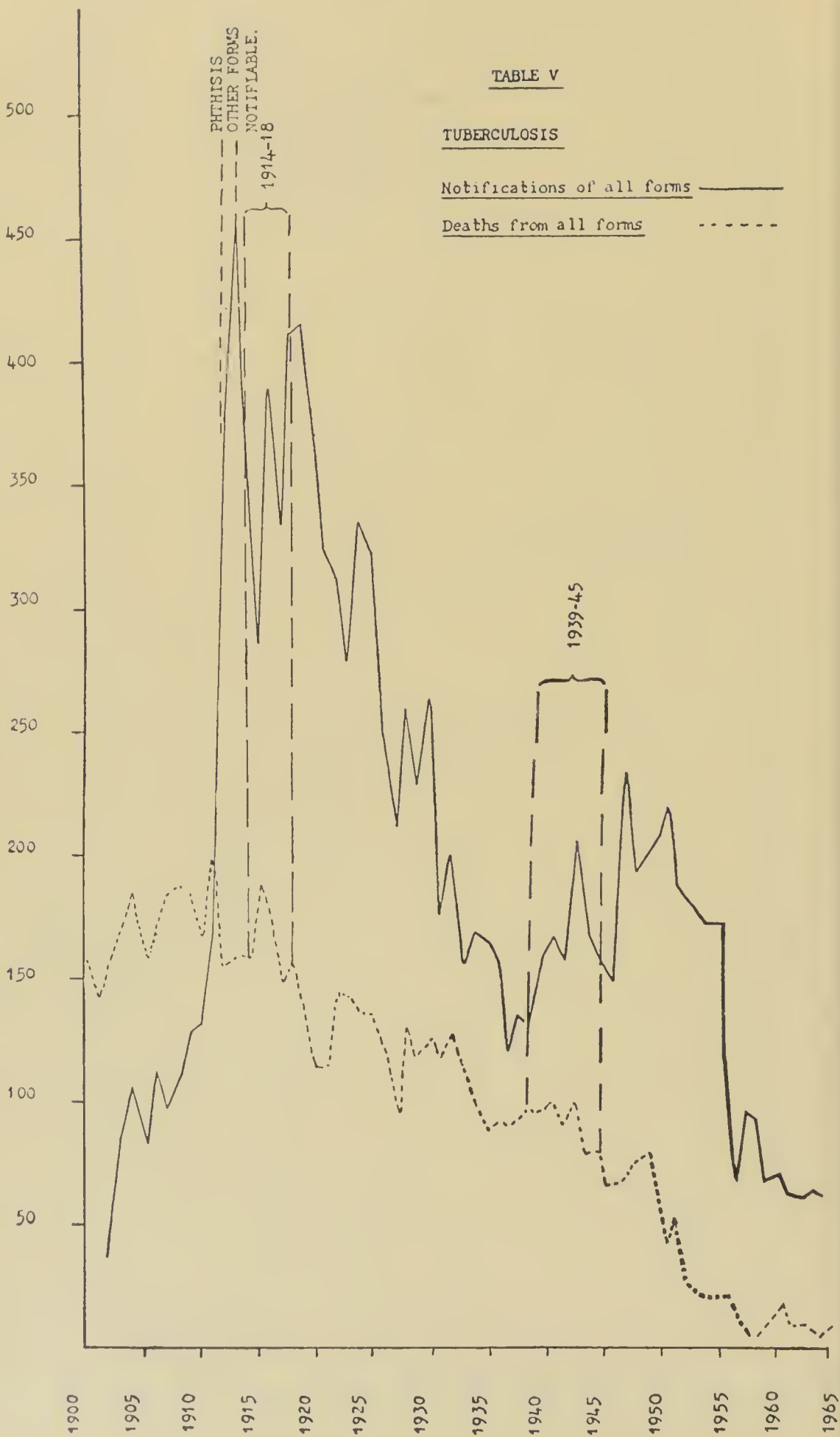
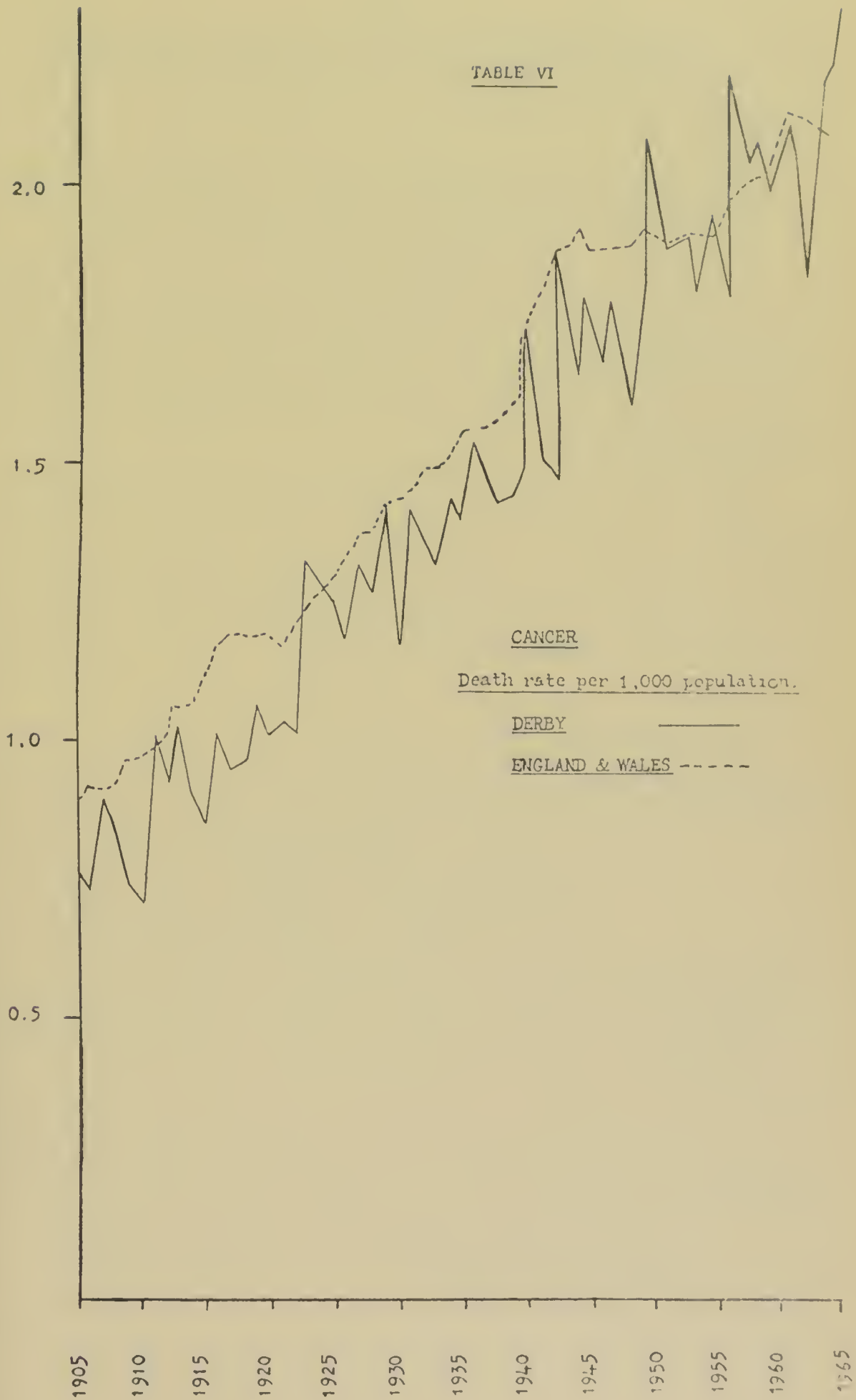


TABLE VI



II—MATERNITY AND CHILD WELFARE

Midwives.

During the period 1st February, 1965, to the 31st January, 1966, 97 midwives gave notice of intention to practise within the Borough.

86 were attached to institutions (30 at the City Hospital, 20 at the Queen Mary Maternity Home, 35 at the Nightingale Maternity Home and 1 at Derwent Hospital) and 11 were in domiciliary practice. All the domiciliary midwives practising in the Borough were under the direct control of the Health Department.

There were no midwives practising privately in the Borough during the year.

24 midwives removed from the area during the year, leaving 10 in domiciliary practice and 63 in institutional practice at the end of the year.

The following are details of maternity cases attended by midwives practising in the area of the Local Supervising Authority during the year :—

		NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR.					
		<i>Live Births.</i>		<i>Stillbirths.</i>		<i>Total Births.</i>	
		<i>Actual.</i> (1)	<i>Adjusted.</i> (2)	<i>Actual.</i> (3)	<i>Adjusted.</i> (4)	<i>Actual.</i> (5)	<i>Adjusted.</i> (6)
1	Domiciliary ..	534	530	1	1	535	531
2	Institutional ..	4,121	1,869	126	41	4,247	1,910
3	TOTAL	4,655	2,399	127	42	4,782	2,441

Number of cases delivered in institutions but attended on discharge from institutions and before the 10th day—

(a)	by domiciliary midwives	...	...	565
(b)	by health visitors	...	...	Nil
				<u>565</u>

There were 11 domiciliary midwives practising in the Borough throughout the year and 10 of them had been approved by the Central Midwives Board as teachers of pupil midwives.

535 confinements (including non-residents) were attended by domiciliary midwives.

205 ante-natal and post-natal clinic sessions were attended.

3,395 domiciliary ante-natal visits were made.

7,426 domiciliary visits during the lying-in period were made.

2,712 domiciliary post-natal visits to institutional discharges were made by midwives.

The following visits to expectant mothers desiring hospital confinements were carried out by domiciliary midwives:—

Number of expectant mothers visited during year	..	...	...	90
Number recommended—"Hospital essential"	...	...	...	30
"Hospital desirable"	...	...	...	9
"Can be cared for at home"	...	...	...	45
"Others"	...	...	...	6

Medical Aid.

Out of the 535 confinements attended by domiciliary midwives, medical aid was sought in 20 cases as follows :—

15 on account of mother or expectant mother.

5 on account of baby.

The following table shows the various reasons for the calling in of medical aid :—

Mothers.

ANTE-NATAL.

Ante-partum haemorrhage	...	..	...	...	...	1
Irregular or Foetal Heart not heard			..	...	...	—
Placenta Praevia	...	...	...	..	...	—
Various	...	...	...	...	...	1
						—
						2
						—

NATAL.

Prolonged 1st stage	...	...	...	...	...	...	1
Breech or otherwise abnormal presentation	...	...	...	...	...	...	—
Maternal or Foetal Distress (mainly Foetal)	...	...	...	...	...	...	—
Various	...	...	...	...	...	...	—
Intra-Partum Haemorrhage	...	...	...	...	...	...	—
							1
							==

POST-NATAL.

Retained Placenta	...	...	...	...	...	...	—
Lacerated perineum	...	...	...	...	...	...	9
Post-partum haemorrhage	...	...	...	...	...	...	—
Phlebitis	...	...	...	...	...	...	2
Various	...	...	...	...	...	...	1
							—
							12
							==

Babies.

Still Birth	...	...	...	...	...	...	—
Prematurity	...	...	...	...	...	...	—
Shock	...	...	...	...	...	...	1
Congenital malformations	...	...	...	...	...	...	2
Various (infection of eye, Jaundice, etc.)	...	...	...	...	...	...	2
Asphyxia	...	...	...	...	...	...	—
							—
							5
							==

Notification of Liability to be a Source of Infection.

No notifications were received.

Notification of Death.

48 notifications were received, all from institutions, as follows :—

	<i>Domiciliary.</i>		<i>Institutions.</i>	
	<i>Residents.</i>	<i>Non-Residents.</i>	<i>Residents.</i>	<i>Non-Residents.</i>
Mothers	—	—	—	—
Infants	—	—	18	30
Total	—	—	18	30

Ante-Natal Clinics.

	<i>Sessions.</i>	<i>First Attendances.</i>	<i>Total Attendances.</i>
Green Street	48	197	224
Boulton	2	9	29
Roe Farm	52	116	136
Normanton	51	261	305
Temple House	50	178	238
Mackworth	2	6	13
Total	205	767	945

Post-Natal Clinics.**GREEN STREET.**

25 attendances were made at ante-natal sessions.

TEMPLE HOUSE.

16 attendances were made at ante-natal sessions.

ROE FARM.

12 attendances were made at ante-natal sessions.

NORMANTON.

15 attendances were made at ante-natal sessions.

BOULTON.

— attendances were made at ante-natal sessions.

MACKWORTH.

— attendances were made at ante-natal sessions.

Boulton and Mackworth Ante-Natal/Post-Natal Clinics were both discontinued from second week of January, 1965.

Maternal Mortality.

There were no maternal deaths in 1965.

Births.

4,782 notifications were received during 1965 under Section 203, Public Health Act, 1936. Of these, 2,399 were live births and 42 were still-births relating to Derby residents. 2,256 were live births and 85 were still-births relating to non-residents. The details were as follows :—

	LIVE BIRTHS.		STILL-BIRTHS.		<i>Total Non-Residents.</i>	<i>Total Residents.</i>	<i>Grand Total.</i>
	<i>Doctor.</i>		<i>Doctor.</i>				
	<i>Booked.</i>	<i>Not Booked.</i>	<i>Booked.</i>	<i>Not Booked.</i>			
RESIDENTS:— Domiciliary ..	420	110	—	1	—	531	531
NON- RESIDENTS:— Domiciliary ..	4	—	—	—	4	—	4
TOTAL ..	424	110	—	1	4	531	535

	Live Births.	Still-Births.	Total Non-Residents.	Total Residents.	Grand Total
RESIDENTS:— Institutional ..	1,869	41	—	1,910	1,910
NON-RESIDENTS:— Institutional ..	2,252	85	2,337	—	2,337
TOTAL ..	4,121	126	2,337	1,910	4,247

1,910, or 79.61%, of total births relating to residents took place in institutions.

Still-Births.

127 still-births were notified. 42 were in respect of Derby residents and 85 non-residents. There were 116 burials of still-born children in the Derby cemeteries during the year. 42 still-births were registered in respect of Derby residents. Percentage of still-births to live births registered was 2.7.

Care of Premature Infants.

1. Total number of premature live babies notified during the year whose mothers are normally resident within the Borough ... 154
- (a) Born at home ... 20
- (b) Born in hospital ... 134

Weight at birth	PREMATURE LIVE BIRTHS												PREMATURE STILL-BIRTHS	
	Born in hospital				Born at home or in a nursing home									
					Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died			Born	
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
2 lb 3 oz or less	3	3	—	—	—	—	—	—	—	—	—	—	7	—
Over 2 lb 3 oz up to and including 3 lb 4 oz ..	4	2	—	—	—	—	—	—	2	1	—	—	10	—
Over 3 lb 4 oz up to and including 4 lb 6 oz ..	35	2	1	—	—	—	—	—	—	—	—	—	5	—
Over 4 lb 6 oz up to and including 4 lb 15 oz ..	26	—	—	—	—	—	—	—	2	—	—	—	5	—
Over 4 lb 15 oz up to and in- cluding 5 lb 8 oz	66	—	1	2	16	—	—	—	—	—	—	—	2	—
TOTAL ..	134	7	2	2	16	—	—	—	4	1	—	—	29	—

Premature babies born on the district weighing less than 4½ lbs. were transferred to the Premature Baby Unit; others were visited by domiciliary midwives until they reached the weight of 6 lbs.

Attendances at Welfare Centres in 1965.

CENTRE.	Attendances.		Number of Children										First Attendances.										
	Sessions held.	Mothers.	Children.					Seen by Doctor.					Under 1 month.					1—5 years.					
			Under 1 year.	1—2 years.	2—3 years.	3—4 years.	4—5 years.	Total.	Weighed.	Under 1 year.	1—2 years.	2—3 years.	3—4 years.	4—5 years.	Total.	Under 1 month.	1—3 months.	3—6 months.	6—9 months.	9—12 months.	Total under 1 year	1—5 years.	Total.
Boulton ..	48	1,605	1,210	329	143	55	27	1,764	1,718	172	95	57	24	13	361	51	41	8	2	2	104	10	114
Rykneld ..	49	2,427	1,849	535	147	73	34	2,638	2,536	284	115	64	43	19	525	99	51	13	11	2	176	19	195
Nightingale Road	102	2,102	1,512	450	192	147	66	2,367	2,269	189	84	57	55	37	422	76	41	9	2	4	132	15	147
Pear Tree	150	4,864	3,564	1,290	435	166	50	5,505	5,457	651	182	130	55	22	1,040	151	138	32	7	3	331	11	342
Roe Farm	52	1,356	972	340	107	38	15	1,472	1,458	214	78	34	18	9	353	51	34	7	3	2	97	6	103
Normanton	50	1,969	1,468	484	139	74	18	2,183	2,162	244	66	38	31	8	387	76	37	15	7	1	136	2	138
Temple House	98	3,418	2,871	522	224	116	57	3,790	3,699	421	132	61	39	26	679	151	118	27	6	6	308	22	330
Mackworth	99	2,316	1,723	461	165	87	51	2,487	2,473	232	114	59	33	28	466	71	49	6	3	2	131	4	135
Green Street	102	2,556	2,134	405	118	46	22	2,725	2,684	278	84	45	20	16	443	102	81	15	8	4	210	7	217
TOTAL	750	22,613	17,303	4,816	1,670	802	340	24,931	24,456	2,685	950	545	318	178	4,676	828	590	132	49	26	1,625	96	1,721

Infantile Mortality during the Year 1965.

Deaths from stated causes at various ages under one year of age.

CAUSE OF DEATH.	Sex	Total all ages.	Under 4 weeks.	4 weeks and under 1 year.
Syphilitic Disease	M	—	—	—
	F	—	—	—
Leukaemia, Alenkaemia ...	M	—	—	—
	F	—	—	—
Pneumonia	M	3	2	1
	F	4	2	2
Other Diseases of the Respira- tory System	M	—	—	—
	F	1	1	—
Gastritis, Enteritis and Diarrohoea	M	—	—	—
	F	—	—	—
Congenital Malformations ...	M	8	4	4
	F	2	2	—
Other Defined and Ill-defined Diseases	M	10	9	1
	F	10	9	1
Motor Vehicle Accidents ...	M	—	—	—
	F	—	—	—
All Other Accidents	M	2	1	1
	F	—	—	—

Children of Pre-School Age.

During the year under review, routine medical inspection was carried out in 1,189 children of two, three and four years of age. Of this number, 64 children were referred for treatment and 512 placed under observation. In a number of these cases, children with more than one defect are included under both headings. The number of individual children requiring treatment or observation, or both, was 548. In addition, 64 re-inspections and 16 special examinations were made.

Below is a statement of cases, showing the numbers of children of pre-school age which were referred to the various clinics during the year :—

Orthopaedic Clinic	...	...	...	...	...	88
Dental Clinic	...	...	...	...	...	255
Child Guidance Clinic	...	...	...	...	...	2
Aural Clinic	...	...	...	...	...	2
Speech Clinic	...	...	...	...	...	28

WELFARE FOODS SERVICE

The table below shows that in comparison with 1964 there was a slight decrease in the issues of National Dried Milk, Cod Liver Oil and Vitamin A and D Tablets and that the issues of Orange Juice increased slightly.

The assistance of the Women's Voluntary Service for Civil Defence, who continued to provide the staff for the eleven distribution centres at clinics and hospitals, is again gratefully acknowledged.

Summary of Issues at Distribution Centres in 1965.

<i>Distribution Point.</i>	<i>N.D.M.</i>		<i>Cod Liver Oil.</i>	<i>Vitamin A & D Tablets.</i>	<i>Orange Juice.</i>
	<i>Full Cream.</i>	<i>Half Cream.</i>			
	<i>Tins.</i>	<i>Tins.</i>	<i>Bottles.</i>	<i>Packets.</i>	<i>Bottles.</i>
Health Dept., Council House..	28,173	1,959	2,412	2,750	22,068
Temple House	611	20	147	39	556
Boulton	932	27	71	69	600
Nightingale Road	1,063	31	54	49	644
Pear Tree Baptist	10,309	273	581	105	1,877
Normanton	501	14	107	86	1,120
Roe Farm	632	16	57	28	647
Ryknelde	428	13	97	66	828
Green Street	245	11	98	38	471
Mackworth	625	27	114	71	856
City Hospital	—	—	—	207	715
Nightingale Home	—	—	51	270	1,314
Totals	43,519	2,391	3,789	3,778	31,696
Comparative totals for 1964 ..	44,698	1,887	4,169	4,067	31,097

REPORT OF HEALTH VISITORS' WORK FOR 1965

by Miss J. Headington

In January the number of women over eighteen years of age requiring cervical smear tests made it necessary to hold two clinics weekly, and these were well attended throughout the year. In all 1,831 smears were taken, 1,783 women had their first smear and 48 returned for a repeat examination. During the year 13 of the total number taken showed cancer cells present. These cases were referred to their own General Practitioners for hospital treatment as soon as it could be arranged. There was excellent co-operation with the Cytology Department at the Derbyshire Royal Infirmary and a good working routine was soon established. The Health Visitors continued with cancer education in the clinics, showing filmstrips and slides on methods of self examination of the breasts for abnormal signs. Most of the women were very interested in this, and on their return visits several of them informed us that they had contacted their own Doctors for examination or further advice. Over the first year it became very plain to see that the fear of the disease, and the suffering of relatives and friends had motivated many of them to attend. Several letters of thanks have been received, and also there have been many expressions of appreciation for making this service available in Derby.

The addition of three new Health Visitors in the middle of July eased the staffing shortage and this enabled the whole of the town to be covered for home visiting. A weekly visit to the Children's Hospital was recommended by the Paediatric Health Visitor, which included ward rounds with the Consultants, information regarding the discharge of sick children, and confirmed diagnoses for use in the handicapped children and at risk registers.

It was also possible to attach two Health Visitors for a short time each week to two more group practices to discuss cases and follow up at home the needy ones, these have mostly been feeding problems in young children, care of the expectant mother, and the aged. Another Health Visitor has been attached full time to a group practice since 1961 and this service continued to work well.

Work among the social problem families in the overcrowded areas was extremely heavy, especially in the winter months when lack of heating, unsuitable clothing, and mismanagement of money, all helped to constitute a sorry picture, but fortunately social workers and voluntary associations were able to assist by giving support where it was most needed.

A Health Visitor continued to work part time in the diabetic field, and the visiting to homes and clinics went along steadily. The number of children with this complaint remained fairly consistent, but the adults many of them with other severe medical conditions to contend with, required extra care.

The staff attended Kingsway Hospital once weekly for a period of six months, for a course of psychiatric lectures given by Doctor Hunter. These were very stimulating and have already proved to be of great value in our daily duties.

Three Health Visitors spent a day each at the Premature Baby Unit, in order to keep in touch with modern hospital care of these tiny babies.

In November a nation-wide survey on "Diet and Dental Caries in Young Children aged One to Two Years" was carried out, and a cross section of this age group was visited at home. A questionnaire regarding the state of the upper and lower teeth, whether breast or bottle fed, the type of spoon feeding carried out, and the vitamins given were recorded and the results of this research will be known later.

Health education in the clinics progressed well and talks were given by Health Visitors and speakers from outside sources were also welcomed. Film strips and slides were used and group discussions went well in some of the centres, attendances at the clinics over the year stayed around the 27,000 mark.

Children born at risk showed a very slight increase.

1964	1965
1,140	1,234

These children received extra attention due to them being handicapped for mental, physical or social reasons.

Analysis of Congenital Defects of Children born during 1964 and 1965.

The total number of cases notified in 1964 was 46 and in 1965 it rose to 53, but some children had more than one defect.

	1964		1965	
	<i>Stillbirths</i>	<i>Live</i>	<i>Stillbirths</i>	<i>Live</i>
DIAGNOSIS				
<i>Central Nervous System.</i>				
Anencephalus	3	1	5	1
Hydrocephalus	3	3	1	2
Defects of the Spinal Cord, not otherwise specified	1	1	—	—
Spina bifida	1	7	—	3
<i>Eye, Ear.</i>				
Defects of the ear, not otherwise specified	—	1	—	1
<i>Alimentary System.</i>				
Defects of the alimentary system, not otherwise specified	—	1	—	2
Cleft Lip	1	2	—	5
Cleft Palate	1	3	—	6
<i>Heart and Great Vessels.</i>				
Congenital heart disease, not otherwise specified	—	2	—	2
Transposition of Great Vessels	—	1	—	—
Other defects of heart and Great Vessels	—	—	1	—

					1964		1965	
					<i>Stillbirths</i>	<i>Live</i>	<i>Stillbirths</i>	<i>Live</i>
<i>Uro-genital system.</i>								
Polycystic kidney, all forms	...	...	...	...	—	1	—	1
Hydro-ureter	...	...	...	...	—	—	—	1
Hypospadias	...	...	...	...	—	1	—	6
Other defects of male genitalia	...	...	...	...	—	1	—	—
Defects of female genitalia	...	...	...	...	—	1	—	—
(includes female pseudo-hermaphroditism)								
Indeterminate sex	...	...	...	...	1	—	—	—
<i>Limbs.</i>								
Defects of upper limbs, not otherwise specified	...	...	...	...	—	6	—	—
Defects of lower limbs, not otherwise specified	...	...	...	...	—	1	—	3
Syndactyly	...	...	...	...	—	2	—	—
Talipes	...	...	...	...	1	7	—	9
<i>Other skeletal.</i>								
Other defects of spine	...	...	...	...	—	1	—	—
Osteogenesis imperfecta	...	...	...	...	—	—	—	1
<i>Other systems.</i>								
Exomphalos	...	...	...	...	1	—	1	—
<i>Other malformations.</i>								
Other...	...	...	...	...	—	—	—	1

VISITS BY HEALTH VISITORS, 1965

1. CHILD WELFARE.

Children born in 1965	...	...	...	...	...	...	11,782
Children born in 1964	...	...	...	...	...	...	4,889
Children born 1960 to 1963	...	...	...	...	...	...	10,710
Total number of children 0 to 5 years	...	...	...	...	...	...	27,381

2. OVER 65.

Persons aged 65 years or over	...	...	...	...	...	251
Persons aged 65 years or over visited at the special request of G.P. or hospital	...	...	...	...	...	309

3. MENTAL DISORDERS.

Mentally disordered persons	...	...	...	...	...	2,242
Mentally disordered persons visited at the special request of G.P. or hospital	...	...	...	...	...	27

DERBY DIOCESAN COUNCIL FOR SOCIAL WORK

Report by the Organising Secretary.

The past year again brought a steep rise in the number of families living within the Borough referred to the Council for help—110 compared with 76 during 1964—the great majority concerned with illegitimacy, many of the mothers still being teenagers.

The increase necessitated the appointment of an additional part-time member of staff, and we were fortunate in securing the services of a trained social worker.

Church Social Work is family case-work, and besides offering assistance to the unmarried mother and her family, every endeavour is made to contact the putative fathers. It is possible sometimes to enlist the assistance of Workers in other Dioceses. Very often, he, too, is in need of help and advice, and welcomes the opportunity of discussing his problems. When adoption is contemplated for the illegitimate child, it is vital that full information is available regarding the background of the natural father as well as of the mother, and it would not be putting the case too strongly to state that when information is lacking a child's future may be jeopardised as it is on a baby's total background—provided by both parents—that the future home and new parents are chosen.

Total Number of New Cases	110
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Analysis:—

Illegitimacy	91
Family Problems...	5
After Care	7
Babies placed with Adopting Parents				...	6
Supervision	...	...	...	...	1
Girls admitted to Mother and Baby Homes				...	24
*Mothers keeping their babies	...	...	...	...	30
*Mothers offering babies for adoption			...	...	20
Referred to the Children's Department			...	...	4
Single Mothers	...	...	...	...	76
Married, Divorced or Separated wives			...	...	15

*—*Figures based on Babies born.*

ANNUAL REPORT OF THE DAY NURSERIES FOR 1965

by Mrs. M. R. Moss, Supervisor of Day Nurseries.

The nurseries continue to operate from 8.00 a.m. to 6.00 p.m. Monday to Friday all the year round, five days each week. These hours (10 hours per day) cover those employed between these times but are of no help to those who work early or late shifts. Whilst appreciating the need of such employers who hold the services of women with very young children—it would be a retrograde step to allow day nursery facilities to meet their needs as it would subject babies and young children to the "rigors" of being snatched from their cots and wheeled through dark, very often cold, wet streets at 4.00 a.m. in the morning. The only solution would be to establish a central night nursery between the hours of 6.00 p.m. and 8.00 a.m. (this would then give the babes an unbroken night). There is no doubt that a well run nursery controlled by the local authority is the best for any young child who has to be parted from his mother and this is particularly so for the under two year old group. Our nursery staff are trained to meet the needs of these small children and the care and attention given to these babies is the very best that can be bestowed upon them.

The Children.

In spite of practical handicaps the nursery children continue to be happy and as comfortable as it is possible to make them. New admissions have benefited considerably during 1965 as in other years by the constant care and vigil bestowed upon them by the staff. The following are four examples of how children benefit from nursery care:—

Example One.—Baby six months. On admission a long thin baby, only on bottle no other extras at all as mother states, "It makes him vomit". Cried a lot and was obviously being underfed. Once established on a more suitable diet he became a different child. Mother is most grateful for all advice she gets from the nursery and will readily carry out same.

Example Two.—Child three and a quarter years. Very pale child. Put on tonic on admission. Parents separated, child seemed to miss father, mother had no routine for child so he was always falling asleep and had no appetite. Doctor has seen child monthly and noted improvement. After discussions and advice with Nursery Matron mother is co-operating at home to ensure full 24 hour proper care of child and she herself is more than pleased at steady improvement.

Example Three.—Child four and a half years. Mother deceased. On admission very much in need of women's contact and love. Talked about her mother all the time and through missing her mother so much was very shy, touchy and tearful. Made a steady improvement from the start. The staff were all very understanding and gave her the extra love which she so badly needed. She left the nursery at Christmas for school a much happier and self confident child than she was when admitted.

Example Four.—Child two years. On admission—small, pale underweight child. Lost mother one year ago, living with father and sister. Very pathetic little boy, no energy or interest in anything, "very poor eater" father stated.

After nine months in nursery this child is happy, contented and interested in everything around him. From the beginning his appetite improved and he has maintained a steady increase in weight.

Admissions for 1965.

0—2 years. 2—5 years.

Number of approved places	...	...	...	70	110
Number of children on register at end of year				61	149
Average daily attendance during year			...	49	160
Waiting List, December, 1965		...	...	41	83

Classification of Admissions for 1965.

code letter

(a)	Unmarried Mothers	...	...	...	(children of)	...	41
(b)	Widows	...	...	...	( .. .. )	...	3
(b1)	Widowers	...	...	...	( .. .. )	...	3
(c)	Separated Parents	...	...	...	( .. .. )	...	53
(e)	Divorced Parents	...	...	...	( .. .. )	...	4
(f)	Wife deserted Husband	...	...	...	( .. .. )	...	6
(g)	Mother incapacitated	...	...	...	( .. .. )	...	10
(h)	Father incapacitated	...	...	...	( .. .. )	...	4
(r)	Temporary nursery accommodation e.g. confinements, hospital care, etc.	...	...	...	...	...	11
(j)	Living with in-laws	...	...	...	(children of)	...	2
(i)	Living in flat or rooms	...	...	...	( .. .. )	...	19
(l)	Priority Occupations, e.g. Hospital Workers				(.. ..)	...	7
(p)	Both parents working, two or more children at school	...	...	...	( .. .. )	...	13
(n)	Cohabiting	...	...	...	( .. .. )	...	12
(s)	Living in dangerous road areas. Nowhere for child to play — or for child's health benefit				(.. ..)	...	8
(k)	Renting or buying house. In debt — arrears on furniture, etc., or wishing a better standard of living	...	...	...	( .. .. )	...	36

Some typical Case-Papers of Children admitted during 1965.

Case One.—Father of child off work for approximately two years with lung trouble. On National Assistance — living in one room. Referred by G.P.

Case Two.—Father of child off work ill, awaiting to go into hospital with Cirrhosis. Referred by Medical Social Worker.

Case Three.—Father of child in hospital with Hypertension, possible heart trouble. Referred by G.P.

Case Four.—Father of child Epileptic, four other children at school. Referred by G.P.

Case Five.—Father of child in prison. Mother attending hospital for Occupational Therapy. Referred by Consultant Psychiatrist.

Case Six.—Mother of child under psychiatric care for three years. Father losing continual time from work owing to slipped disc. One other child at school. Referred by Hospital Medical Officer.

Case Seven.—Mother of children in-patient at hospital. One other child at school. Referred by Hospital Medical Officer.

Case Eight.—Mother suffering from tension headaches—suggested by G.P. that outside occupation would improve matters generally.

Case Nine.—Mother of child suffering from nervous ill-health, G.P. suggests particularly desirable for her to continue outside work.

Case Ten.—Mother of child having out-patient hospital treatment, father of child under stress—late prisoner of war. Referred by Health Visitor.

Case Eleven.—Mother of children suffering from anxiety state, G.P. suggests owing to her health and financial difficulties that the mother would benefit by working.

Case Twelve.—Mother of child admitted as “emergency” to hospital.

Case Thirteen.—Mother of child admitted to hospital for psychiatric treatment. Referred by G.P.

Case Fourteen.—Mother of child in-patient at hospital. Referred by G.P.

It will be seen by the above that in many cases admission of children to a day nursery has prevented the break-up of a home or the necessity of residential care for the children and has given the parents independence instead of being on National Assistance. It will also be appreciated that even in this affluent age that there are many domestic, social, financial and personal reasons why the day nursery facility is advantageous to the public.

Routine Medical Inspections.

The valuable care of Medical Inspections were continued to nursery children and in 1965 the total of 207 children under five years of age was given as follows:—

Under 2 years	...	...	73
2 years old	...	...	45
3 years old	...	...	56
4 years old	...	...	27
5 years old	...	...	1
Re-inspections	...	...	5
<hr/>			
TOTAL	...	...	207
<hr/>			

Immunisations.

The important protection against the most serious diseases in childhood, *i.e.* diphtheria, pertussis, tetanus, poliomyelitis and small-pox was continued and is one of the most valuable cares given to the nursery children today.

Changes in Fees.

Changes were made in regard to nursery fees and the position at the end of 1965 was:—

2 - per day (mothers receiving one income), unchanged.

From 7 - to 10 - per day from the 6th September (where two incomes received).

From 4 - to 6 - per half-day as from the 6th September. (Part-time admissions—8.00 a.m. to 1.00 p.m. or 1.00 p.m. to 6.00 p.m.).

Changes in Staff.

On the 5th May, in collaboration with the Ministry of Health's Staffing Memorandum, some categories of our staff were upgraded in the following manner.

- (1) From Senior Staff Nursery Nurses to that of Deputy Nursery Matrons.
- (2) From qualified Nursery Assistants to that of Staff Nursery Nurses. (qualified Nursery Assistants' posts being disbanded).

This up-grading of nursery staff will, it is hoped, prove to give an even higher standard of care to the children and fuller training for the students.

Staff employed year ending December, 1965.

The following staff were employed:—

- 1 Day Nursery Supervisor.
- 1 Day Nursery Clerk.
- 4 Day Nursery Matrons.
- 4 Day Nursery Deputy Matrons.
- 18 Staff Nursery Nurses.
- 20 Nursery Students.
- 8 Nursery Sub-Trainees.
- 2 Cooks. (Full-time).
- 2 Cooks. (Part-time).
- 2 Domestic. (Full-time).
- 4 Domestic. (Part-time).
- 1 Gardener/Stoker. (Full-time).

TOTAL STAFF 61.

Outlook regarding Staff.

This year the position of filling staff nursery nurse places has not been easy although by the end of the year all vacancies under the local staffing programme had been met. The future position may be one of shortage as the demand for trained nursery nurses is increasing. More and more establishments are recruiting these people having now found that they are valuable members to have on a staff, such institutions are already absorbing trained nursery nurses including Premature Baby Units, Maternity Units, Children's Hospitals, Special Care Units, Residential Nurseries, Infants' Schools, Nursery Schools and Day Nurseries. Thus it will be seen the necessity of enlarging training schemes or the end result will be that training establishments for nursery nurses will eventually have difficulty in their own staffing requirements—to train further students.

Training of Students.

This as will be seen by the preceding paragraph is of major importance in the field of nursery nursing and to continue with a good standard of training it is imperative that more training schools of high standard should be established.

The record of passes in July, 1965, for the National Nursery Examination Boards Diploma was below the usual achievement in Derby. We regret to state that out of ten students who entered for this examination only seven were successful. Two of the three students who failed re-sat at a later date and were successful. This we hope is a temporary state only in the standard of students prepared for examination. Three of the recently qualified students have remained with us and were promoted to the posts of junior staff nursery nurses. One is now doing Infant's School nursery nursing, one working with premature babies, one working in Special Care Unit, one at Dr. Barnardo's Home, one doing residential nursery work and one nursery nursing at a Children's Hospital.

Grateful Thanks.

As in other years we are indebted to some medical, nursing and other staff who gave their time and energies in assisting us in their "special fields" to give added interest to our students during their year's training.

Final Thoughts.

Our hope is to make the day nurseries even better places still for the children who attend them, so that the Health Committee can proudly say they are a credit to the town of Derby.

III.—DENTAL SERVICES

Report by Mr. F. Grossman, Principal School Dental Officer.

Personnel.

At the end of the year we had the equivalent of two and a half full-time officers out of an establishment of five, made up of two whole-time officers and one part-time, the latter giving five sessions per week. In addition, medical practitioners, who act as anaesthetists, are employed for a total of four sessions per week. The ratio of Dental Officers to school children is now approximately one to 8,000.

Inability to recruit staff, after repeated advertising, is very disconcerting; it is most important to maintain contact by regular inspection and treatment, as I regard this as one of the most valuable means of propaganda. By means of inspections many children, whose parents would otherwise not seek dental treatment, can be introduced to dentistry.

The Dental Auxiliary has now completed two years with us. So far as I am concerned the experiment is proving very successful; she shows great patience in dealing with infants and juniors, who form the bulk of her work.

Treatment.

With no change in the staff during 1965, there is nothing outstanding in the statistical tables relating to the year's activities, except that the casuals, or those seeking appointments for toothache, has fallen by nearly 700, and we were thus able to cut out one gas session per week during part of the year.

As a result of a reduction in the number of emergency treatments, we were thus able to utilise the time saved with conservative dentistry. This is reflected in the figures. It will be seen that the number of fillings has increased and the number of extractions has decreased, especially the extractions of permanent teeth, which has fallen by 388. The number of general anaesthetics administered was 2,938, a reduction of 807 on the figure for 1964. This figure has steadily declined over the past few years—in 1955 the number of general anaesthetics administered was 6,198. These figures, complete with the fact that at school inspections one sees fewer decayed permanent teeth needing to be extracted and more conservations, especially among the grammar school pupils, are evidence of ever increasing awareness of the general public that good teeth and a healthy mouth are necessary for good health. I am pleased to report that the Health Committee has agreed in principle to the fluoridation of the public water supply, and so even the neglectful and disinterested will benefit without being aware of it.

Dental Health Education.

I am grateful to the health visitors who lose no opportunity in the Ante-Natal and Child Welfare Clinics to emphasise the importance of a healthy mouth.

Short talks were given by the Dental Auxiliary in some of the Junior Schools in the town.

TABLE 1.

INSPECTION AND TREATMENT

Dental Inspection and Treatment carried out by the Authority during the year ended 31st December, 1965.

Number of Pupils on the Register of Maintained Primary and Secondary Schools, including Nursery and Special Schools, in January, 1966 20,071

ATTENDANCES AND TREATMENT.	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	2,150	2,216	543	4,909
Subsequent visits	1,567	2,660	885	5,112
Total visits	3,717	4,876	1,428	10,021
Additional courses of treatment commenced	85	104	50	239
Fillings in permanent teeth	1,213	4,170	1,229	6,612
Fillings in deciduous teeth	778	30	—	809
Permanent teeth filled	1,027	3,637	1,146	5,810
Deciduous teeth filled	721	27	—	748
Permanent teeth extracted	235	1,086	324	1,645
Deciduous teeth extracted	3,922	1,118	—	5,040
General anaesthetics	1,698	1,055	155	2,908
Emergencies	730	362	79	1,171

Number of Pupils X-rayed	47
Prophylaxis	194
Teeth otherwise conserved	15
Number of teeth root filled	—
Inlays	—
Crowns	—
Courses of treatment completed	3,938

ORTHODONTICS

Cases remaining from previous year	74
New cases commenced during year	62
Cases completed during year	54
Cases discontinued during year	6
Number of removable appliances fitted	76
Number of fixed appliances fitted	—
Pupils referred to Hospital Consultant	9

PROSTHETICS	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	1	1
Pupils supplied with other dentures (first time)	3	29	18	50
Number of dentures supplied	3	49	37	89

ANAESTHETICS. General Anaesthetics administered by Dental Officers 17

INSPECTIONS

(a) First inspection at school. Number of Pupils	14,487
(b) First inspection at clinic. Number of Pupils	2,284
Number of (a) + (b) found to require treatment	10,333
Number of (a) + (b) offered treatment	8,794
(c) Pupils re-inspected at school clinic	1,874
Number of (c) found to require treatment	950

SESSIONS

Sessions devoted to treatment	1,339
Sessions devoted to inspection	95
Sessions devoted to Dental Health Education	35

TABLE 2.

SHOWING THE NATURE OF THE TOTAL SERVICES GIVEN
TO THE PRIORITY CLASSES AT THE DENTAL CLINIC.

(a) *Numbers provided with dental care :*

1965	NEW CASES THIS YEAR										
	Examined	Needing Treatment	Referred to		Refused Treatment	Treatment inadvisable	Failed to keep appointment	Treated by Us	Made dentally fit	Awaiting Treatment	Attendances made at Clinic
			Our Treatment Clinic	Own Dentist							
Expectant Mothers ..	136	131	123	1	3	4	10	110	45	3	301
Nursing Mothers ..	88	87	87	—	—	—	2	83	63	2	348
Children under five ..	255	223	223	—	—	—	2	217	135	4	317

(b) *Forms of dental treatment provided :*

1965	Extractions	ANAESTHETICS		Fillings	Sealings and Gum Treatments	Silver Nitrate Treatments	Other Operations	Radiographs	DENTURES		
		Local	General						Provided		Repaired
									Complete	Partial	
Expectant Mothers ..	218	39	44	84	5	—	54	8	7	3	1
Nursing Mothers ..	496	31	56	50	5	—	166	5	42	23	8
Children under five	547	—	213	38	—	—	—	—	—	—	—

(c) *Number of dental treatment centres in use at end of year for services shown in Part (b) above :*

One

Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year :

90

IV.—SCHOOLS AND SCHOOL CHILDREN

Report by Dr. J. E. Masterson,

Deputy Medical Officer of Health and Deputy Principal School Medical Officer.

GENERAL REVIEW

1965 was a relatively uneventful year with few staff changes in the School Health Service—details of these changes are given in the various sections.

The "Specialist" Clinics held at Temple House but manned by Consultants provided by the Regional Hospital Board have continued. They are a great asset and most helpful, but the School Ophthalmic Service suffered a setback during the year when the number of ophthalmic sessions had to be reduced from four per week to three. This resulted in only 1,395 children seeing a Consultant Ophthalmologist compared with 1,789 in 1964. The waiting list for this Clinic has lengthened and we know that some children are having their eyes tested elsewhere. I feel sure that they are treated satisfactorily, but we personally are not able to supervise them to the same extent. The only answer to all this, of course, is more Ophthalmologists and perhaps we were fortunate in being more lavishly treated in the past than other areas. Still on the topic of eyes, I am very pleased to be able to report that the number of partially sighted children in the Borough has now declined sufficiently for the Special Class started just before the Second World War to be no longer needed. At the time of writing, places at Exhall Grange Special School for the last three pupils have been offered and accepted. Miss Copley, who was in charge throughout its existence, has written a special report about her class in the following pages.

With the continuing higher living standards, less Borough children have been recommended for residential places at Ashe Hall Special School for Delicate Pupils, and the demand for day places is now so small that it has been decided that this service is really no longer needed and can cease in the near future. As outside Authorities continue to ask for residential places, all these continue to be fully occupied. Some Agencies seem to think that the answer to the problem of treatment for any child causing them difficulties is to send them to Ashe Hall, but my staff resist this pressure and only in very exceptional circumstances do we recommend an Ashe Hall place for a child who is not delicate. The Table on Page 63 gives details of the children at the school.

During the year we noted the number of children examined at routine medical inspections who needed referral to a Specialist Clinic for defects of the skin, defective vision, and squint and whether they had been referred by their own doctor or by a School Medical Officer. As a perusal of these figures in the Table on Page 67 shows that about half of these children were dealt with by the School Health Service, we can reasonably deduce that the routine medical inspection continues to serve a very useful purpose. The individual reports which follow give details of the work done during the year in the different departments.

THE SCHOOL HEALTH SERVICE IN RELATION TO MAINTAINED PRIMARY AND SECONDARY SCHOOLS

Periodic Medical Inspection.

Number of Children inspected:—The total number of children inspected was 5,984. Of these, 3,046 were boys and 2,938 were girls. In addition, 133 children were brought forward for special examinations by head teachers.

The number of entrants to the Junior Departments tested for vision and hearing was 1,322. Of this number, 69 children were found to have defective vision, and 16 had some degree of defective hearing.

FINDINGS AT PERIODIC INSPECTION.

Physical Condition.

The physical condition of the 5,984 pupils inspected in 1965 was classified as follows :—

Satisfactory 5,978

Unsatisfactory ... 6

Heights and Weights.

Age.	Year.	BOYS.			GIRLS.		
		Number examined.	Average Height (inches).	Average Weight (lbs.).	Number examined.	Average Height (inches).	Average Weight (lbs.).
5 years ..	1912	440	40.27	39.42	462	40.16	35.56
	1919	499	40.7	39.4	496	40.3	39.1
	1935	842	41.8	41.6	779	41.7	40.6
	1946	466	42.3	43.0	439	41.8	41.3
	1956	812	43.2	43.0	700	43.0	42.1
Born 1957	1962	514	42.9	42.9	468	42.2	41.3
Born 1958	1963	481	42.9	42.7	418	42.7	41.8
Born 1959	1964	477	42.9	42.6	429	42.7	42.5
Born 1960	1965	416	43.1	43.0	393	43.2	42.2
10 years ..	1947	854	53.5	68.8	768	53.5	67.1
	1956	788	54.2	71.8	755	53.9	71.9
Born 1952	1962	400	53.9	70.9	419	53.8	71.5
Born 1953	1963	409	53.9	70.8	367	53.9	70.5
Born 1954	1964	467	54.1	72.9	465	54.0	71.9
Born 1955	1965	410	54.5	72.2	404	53.7	70.2
14 years ..	1947	425	62.8	104.4	364	62.0	106.3
	1956	751	63.3	108.1	590	62.1	109.6
Born 1948	1962	510	62.6	109.1	389	61.7	109.1
Born 1949	1963	405	63.1	109.0	404	61.8	112.3
Born 1950	1964	290	62.2	106.7	222	61.0	107.9
Born 1951	1965	313	63.0	109.7	244	61.3	113.7

Visual Defects and External Eye Disease.

The percentage of children found to have defective vision was 17.5%.

In the three age groups, the percentages of children who were unable to read 6/6, 6/6, were :—

<i>boys born 1960</i>	<i>girls born 1960</i>	<i>boys born 1955</i>	<i>girls born 1955</i>	<i>boys born 1951</i>	<i>girls born 1951</i>
4.8	7.6	19.7	19.1	22.4	21.3

In the same age groups, the percentages of children with more serious defects (6/12 or worse in either one or both eyes) were :—

<i>boys born 1960</i>	<i>girls born 1960</i>	<i>boys born 1955</i>	<i>girls born 1955</i>	<i>boys born 1951</i>	<i>girls born 1951</i>
1.0	1.3	4.6	5.2	5.7	6.5

The number of pupils, noted as requiring treatment was 631 (10.5%).

The number of partially sighted children as judged by the accepted criteria is 3.

Squint.

The number of children born in 1960 found to have a squint, even of the smallest degree, was 35.

Colour Vision Testing, 1965.

<i>Date of Birth</i>	Boys.					GIRLS.				
	<i>No. tested</i>	<i>No. with correct C.V.</i>	<i>No. with defective C.V.</i>	<i>No. to be re-tested</i>	<i>% with defective C.V.</i>	<i>No. tested</i>	<i>No. with correct C.V.</i>	<i>No. with defective C.V.</i>	<i>No. to be re-tested</i>	<i>% with defective C.V.</i>
1959 and 1960 ..	654	637	3	14	.5%	633	625	—	8	—
1950 and 1951 ..	739	702	37	—	.5%	743	739	4	—	.5%
TOTALS ..	1393	1339	40	14	2.9%	1376	1364	4	8	.3%

Parents of all children with defective colour vision are notified so that further investigation may be made if colour vision is likely to play an important part in the child's future career.

External Eye Disease.

The following defects were found in the course of periodic medical inspection :—

Blepharitis	...	...	13	Conjunctivitis	...	3
Other defects	...	...	12			

Uncleanliness.

See report on page 65.

Minor Ailments and Diseases of the Skin.

The following skin diseases were recorded at the medical inspections :—

Eczema	...	...	55	Psoriasis	...	...	8
Warts ...	...	...	18	Alopecia	...	...	3
Naevus	...	...	6	Urticaria	...	...	6
Verrucae	...	...	56	Impetigo	...	...	3
Acne ...	...	...	76	Dermatitis	...	...	5
Other Diseases	...	...	132	Scabies	...	...	3
Seborrhoea	...	...	8	Athlete's Foot	...	...	16

Nose and Throat Defects.

The number of children referred for treatment for enlarged tonsils and adenoids was 1.0 per cent. of the number examined. The percentage placed under observation was 7.5.

Ear Disease and Defective Hearing.

95 children were noted as suffering from Otorrhoea at periodic medical inspection. All children suspected of suffering from any degree of deafness in school are medically examined and referred if necessary to the Consultant E.N.T. Surgeon who conducts a clinic weekly at Temple House. Audiograms are carried out by the school nurses.

Defective hearing, mostly of a slight character, was found in 127 cases.

Dental Defects.

889 children were found at the periodic medical inspection to have carious teeth.

Orthopaedic and Postural Defects.

The following deformities were noted at the periodic medical inspections :—

Foot Deformities	...	130	Postural Defects	...	25
Other Defects	...	...	...	...	293

Heart Disease and Rheumatism.

.8 per cent. of all children examined were listed as having heart defects. Few of these were organic and the vast majority required only observation. During the year the compilation of a school cardiac register was continued, and all new entrants are being included. The progress of these children will be closely watched and it is hoped that over a period of years much useful information will be obtained.

The number of children found to be suffering from rheumatism was 1.

Vaccination.

1,823 (30.5 per cent.) of the 5,984 children medically inspected were recorded as having been vaccinated. The percentages in previous years were as follows :—

1938	...	...	...	10.8
1945	...	...	...	8.0
1955	...	...	...	12.8
1962	...	...	...	30.9
1963	...	...	...	32.7
1964	...	...	...	34.3
1965	...	...	...	30.5

Tonsillectomy.

Number and percentage of children found at Periodic Inspection in 1965 to have had tonsillectomy.

BOYS.				Number examined.	Number found to have had Tonsillectomy.	Percentage.
Born 1960	..	..	..	416	16	3.8
Born 1955	..	..	..	410	57	13.9
Born 1951	..	..	..	313	50	16.0
Others	..	..	..	1,907	205	10.7
Totals ..	..	..	..	3,046	328	10.8
GIRLS.						
Born 1960	..	..	..	393	9	2.3
Born 1955	..	..	..	404	55	13.6
Born 1951	..	..	..	244	32	13.1
Others	..	..	..	1,897	216	11.4
Totals ..	..	..	..	2,938	312	10.6
GRAND TOTALS ..	..	..	..	5,984	640	10.7

FOLLOWING UP.

The arrangements for the following up of children suffering from the various defects continued as outlined in a previous report.

ARRANGEMENTS FOR TREATMENT.

School Clinics.

	<i>Monday.</i>		<i>Tuesday.</i>		<i>Wednesday.</i>		<i>Thursday.</i>		<i>Friday.</i>	
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
Central Clinic, Temple House ...	S. M.A. C.G. R.G.	S. C.G.	C.G. R.G. S.	C.G. R.G. S.	M.A. C.G. S.	C.G. R.G. S.	S. M.A. C.G.	S. C.G.	C.G. R.G. S.	C.G. S.
<i>Branch Clinics.</i>										
Nightingale Road.. ..				M.A.						M.A.
Boulton	M.A.						M.A.			
Normanton.. ..			M.A.						M.A.	
Rykneld			M.A.						M.A.	
Roe Farm	M.A.						M.A.			
Green Street			M.A.						M.A.	
Mackworth		M.A.						M.A.		

M.A. .. Minor Ailments Clinic.

S. .. Speech Clinic.

C.G. .. Child Guidance Clinic.

R.G. .. Remedial Gymnast's Class.

The Dental Clinic, Mill Hill Road, is held every day of the week.

In addition, the following Regional Hospital Board clinics are held in the Central Clinic premises :—

Ophthalmic Clinic	...	...	Three sessions per week.
Orthopædic Clinic	...	...	One session per week.
Aural Clinic	...	...	One session per week.

Consultation Clinic, Mill Hill Lane.

138 attendances were made at this clinic during the year.

Minor Ailments Clinics.

The total number of children attending these clinics was 2,928, and the number of attendances was 11,618. 1,140 examinations were made by Medical Officers.

The following is a record of the number of cases and attendances at the minor ailments clinics since 1931 :—

<i>Year.</i>				<i>No. of children attending.</i>	<i>Attendances.</i>
1931	...	...	...	11,470	55,460
1938	...	...	...	19,224	63,820
1945	...	...	...	16,810	59,750
1948	...	...	...	10,593	47,959
1958	...	...	...	2,886	20,129
1962	..	...	...	3,388	15,539
1963	...	...	...	3,490	16,645
1964	...	...	...	3,269	13,591
1965	...	...	...	2,928	11,618

Dental Clinic, Mill Hill Road.

The Dental Clinic is held every day of the week (morning and afternoon).

Total number of cases attended	...	.	...	4,909
Total number of attendances	...	.	...	10,021
Total number of clinics held	...		...	1,339

Aural Clinic, Mill Hill Lane.

The number of children who received operative treatment for tonsils and adenoids during 1965 was 100.

Total number of cases attended	...	...	...	128
Total number of attendances	...	...	...	177

Included in these figures are two cases referred from Child Welfare Centres.

Orthopaedic Clinic, Mill Hill Lane.

Total number of cases attended	...	...	...	382
Total number of attendances	...	...	...	438

Included in these figures are 88 cases referred from Child Welfare Centres.

Number of X-ray examinations (at Hospital)	...		...	21
Attendances at Splint Maker	...	...	...	266

Remedial Gymnast:

Total number of attendances (at Central Clinic)	..			778
-------------------------------------------------	----	--	--	-----

AT ASHE HALL SPECIAL SCHOOL :—

Number of children treated	..	...	...	60
Number of treatments given	.	...	...	5,655
Number of visits to School	.	...	...	208

Ophthalmic Clinic, Mill Hill Lane.

Total number of cases attended	...	...	...	1,395
Total number of attendances	...	...	...	1,615

Orthoptic Clinic.

I am indebted to the Orthoptist in charge of the Department, for the following report :—

Number of cases dealt with during 1965 (including 5 new cases)	18
-------------------------------------------------------------------	-----	-----	-----	-----	-----	----

CLASSIFICATION.

Under observation, on preliminary treatment, or actual treatment	...	...	...	...	10
Discharged	...	...	...	...	3
Total number of attendances	...	...	...	...	96

SPEECH THERAPY CLINIC

Report by Miss A. M. Fleming, Senior Speech Therapist.

There have again been changes in the staff of this department, but no disruption of treatments, apart from the temporary closure of the once-weekly clinic held at St. Giles' School, when Mrs. March left us in the Spring. Miss Herdman joined us on 1st May, part-time, and third year students from the Leicester School of Speech Therapy continue to attend on one day each week.

Visitors to the speech clinic have been few, but most welcome, whilst we have visited various clinics, hospitals, schools and meetings.

Referrals have been much the same in number as in 1964, but there has been a pleasing rise in the percentage of pre-school children referred—they formed 27% of the total number referred in 1965, compared with 10% in 1964. Attendance has again improved, despite a drop in the number of clinics held.

It is felt that an explanation of the classification of cases would be of interest:—

Stammer: An interruption of the fluency (rhythm) of speech, characterised by repetition of sounds, syllables, or phrases, and blocks often accompanied by involuntary movements and disruption of normal breathing rhythm. Always first noted in early childhood, and the causes appear to be psychological. Articulation is usually normal.

Dyslalia: Immature patterns of articulation continuing beyond the age at which the child might reasonably be expected to be speaking normally, and not associated with hearing loss, mental defect or structural abnormalities. This is usually a mild difficulty, but the incorrectly produced sounds are usually well established and will not be corrected without treatment.

Cleft Palate: Structural abnormalities of lips, jaw and palate, which may cause interference with the movements necessary for normal articulation and voice production.

Dysphonia: A disorder of voicing, where vocal tone or resonance is distorted or defective.

Dysphasia: Retardation of speech and language development, where hearing and intelligence appear to be normal, yet the child has difficulty in understanding speech and or in expressing himself verbally. This is a comparatively rare condition.

Dysarthria: A disorder of speech sound production only, due to neurological abnormalities which result in inco-ordination of muscles.

Retarded speech development: A descriptive term for immature speech patterns associated with mental defect, or hearing defect, or psychiatric disorders, or adverse environmental factors, or combinations of the foregoing (the commonest).

Others: Defects which are still being assessed before final classification.

All defects are found in varying degrees of severity, and no one child will be found to have an identical defect to that of another. Accurate diagnosis may take some time, and although such diagnosis is essential before appropriate treatment may be planned, the more important question to be answered is not so much, "What sort of defect does this child have?" but, "What sort of child has this defect?"

No. of cases seen during 1965 195

(Of these cases, 4 were treated at Derbyshire Royal Infirmary, and 6 are on the waiting list, but have been interviewed).

Classification of cases seen during 1965 :

Stammer	31	} 195
Dyslalia	...	...	...	...	...	29
Cleft Palate	...	...	...	...	...	11
Dysphonia	...	...	...	...	...	2
Dysphasia	...	...	...	...	...	3
Dysarthria	...	...	...	...	...	1
Retarded Speech Development	...	...	...	...	...	111
Others	7	} 195

No. of cases carried over from 1964 96

No. of new cases admitted during 1965 89

No. of cases carried over into 1966 127

No. discharged during 1965: (This includes 14 cases discharged before treatment commenced):

Speech normal	25	} 72
Much improved	...	...	...	...	...	12
At parents' request	...	...	...	...	...	3
Failed to attend	...	...	...	...	...	24
Left district	...	...	...	...	...	4
Treatment contra-indicated	...	...	...	...	...	3
Left school	...	...	...	...	...	1

No. referred during 1965	...	...	...	...	87
No. on waiting list at 31st December, 1965	...	...	...	...	11
No. of School visits	...	...	...	...	27
No. of Home visits	...	...	...	...	6
No. of Clinics held	...	...	...	...	442
Actual number of attendances	..	..	..	..	1,599
Possible number of attendances	...	..	..	..	2 074

Cases Treated at Derbyshire Royal Infirmary during 1965.

No. of cases seen during 1965	...	...	...	4
No. of cases carried over to 1966	...	...	...	None

CHILD GUIDANCE CLINIC

Report by Dr. T. A. Ratcliffe, Psychiatrist.

After our very long period in 1964, when we were without an Educational Psychologist at the Child Guidance Clinic, we were fortunate that early this year Mr. Claiborne joined us. Mr. Claiborne had been Senior Educational Psychologist previously at the Nottinghamshire County Child Guidance Clinic, to which I am also Consultant, and I therefore knew Mr. Claiborne and his work very well. His presence at our Derby Clinic has been of great value to us and it has been reassuring to know that once again we now can provide a "full team approach" to the help which we give to the children and their families at this Child Guidance Clinic. The presence of an Educational Psychologist in the team also means that we can begin to rebuild that very necessary contact and good liaison between Clinic and School which forms a vital part of our task if we are to help both the child and the school over these individual problems.

Mrs. Cowell, working on a part-time basis, continues to help us most valuably as the essential Psychiatric Social Worker member of the Child Guidance Clinic Team.

One of our major limitations still continues in that I am able to provide only two psychiatric sessions per week at this Clinic. This amount of Consultant Child Psychiatric time cannot adequately cover all the requirements of a Clinic such as this. In particular the provision of any really intensive or long term psycho-therapy for children who are severely disturbed emotionally is impracticable at present. This is an unfortunate gap; but we can and do provide a degree of worthwhile help and treatment at a less intensive level for the majority of children who are referred to us. It is fortunately true of Child Guidance Clinic work that intensive psycho-therapy is required by only a relatively small minority of those children who are referred to us. Fortunately, too, the pressure of new referrals eased off a little during 1965 with the result that rather longer (and certainly more suitable) time could be spent helping a rather smaller number of children and parents.

Statistical Tables.

NOTE 1.—The figures in these Tables refer only to the actual work done in the Child Guidance Clinic during 1965. Since there is always a considerable carry-over of case material under treatment and survey from one year to the next, it is inevitable that the totals given in the various Tables cannot tally with each other.

NOTE 2.—The corresponding figures for 1963 and 1964 are given in brackets.

TABLE I. <i>Interviews carried out by Psychiatrist.</i>	1965	1964	1963
New cases	85	(97)	(90)
Parents	103	(128)	(117)
Treatment interviews	41	(51)	(58)
Survey interviews	59	(76)	(84)
Others (Children's Officer, foster-parents, Probation Officer, etc.)	42	(24)	(32)
Home visits	4	(10)	(6)

TABLE II. <i>Interviews by Educational Psychologist.</i>	1965	1964	1963
Clinic interviews for intelligence and other tests... ..	238	(51)	(149)
Test interviews in schools	60	(68)	(175)
School visits	111	(46)	(143)
Home visits	6	(19)	(101)
Play or interview sessions	28	(43)	(197)
Parents	13	(54)	(155)
Others (Children's Department, Probation Officer, School Welfare, Health Visitors, Medical Practitioners, N.S.P.C.C., etc.)	110	(41)	(120)

TABLE III. <i>Interviews by Psychiatric Social Worker.</i>	1965	1964	1963
Interviews in Clinic	302	(255)	(275)
Home visits	8	(29)	(38)
School visits	—	(1)	(5)
Others	15	(25)	(37)

TABLE IV. <i>Sessions worked by Remedial Teacher.</i>	1965	1964	1963
Group sessions in schools	296	(304)	(313)
Individual teaching sessions in the Clinic	336	(337)	(338)

TABLE V. *Recommendations Made.*

	1965	1964	1963
New cases referred to the Clinic during 1965 ...	114	(120)	(140)
New cases remaining 31st December where full diagnostic interviews are still incomplete ...	3	(7)	(24)
Recommended for—			
Intensive treatment	12	(17)	(23)
Survey	62	(61)	(51)
Relationship therapy or play group ...	2	(11)	(9)
Remedial teaching	4	(5)	(5)
Diagnosis and initial advice only	3	(10)	(5)
Diagnosis and report only	19	(25)	(15)
Other disposals	9	(8)	(8)
Cases closed, including those referred for initial advice and report only... ..	109	(141)	(115)

TABLE VI. *Sources of Referral.*

	1965	1964	1963
School Medical Service	27	(40)	(29)
Schools	35	(26)	(39)
Parents	7	(7)	(18)
Juvenile Court and Probation Officer ...	5	(2)	(2)
Speech Therapist	—	(2)	(5)
Children's Officer	11	(4)	(7)
St. Christopher's	—	(2)	(3)
General Practitioners... ..	9	(21)	(12)
Hospital	7	(6)	(9)
School Welfare	5	(4)	(5)
Health Visitors	7	(6)	(8)
N.S.P.C.C.	1	(—)	(2)
County C.G.C.	—	(—)	(1)

TABLE VII. *Distribution of Schools.*

	1965	1964	1963
Pre-school	10	(10)	(5)
Nursery	1	(2)	(4)
Infants'	18	(21)	(35)
Junior	38	(46)	(41)
Secondary Modern	35	(22)	(29)
Grammar and Secondary Technical ...	1	(11)	(12)
Not at school	2	(2)	(3)
Special Schools : Educationally Subnormal ...	5	(3)	(8)
Physically Handicapped and Delicate Children ...	1	(3)	(2)
Private	1	(—)	(1)

TABLE VIII. *Reasons for Referral.*

(Note.—The large variety of individual reasons are here grouped for convenience into four arbitrary and overlapping categories).

	1965	1964	1963
Educational problems	16	(21)	(30)
Behaviour problems	49	(57)	(49)
Emotional (Nervous) problems	22	(32)	(52)
Other reasons	7	(10)	(9)

TABLE IX. *State of Cases on Closure.*

					1965	1964	1963
(a)	Completed :—						
	Much improved	...	...	...	13	(27)	(26)
	Improved	...	...	...	33	(28)	(31)
	No change	...	...	...	3	(11)	(7)
(b)	Diagnosis and initial advice only				14	(28)	(17)
(c)	Diagnosis and report only				19	(35)	(28)
(d)	Cases closed for other reasons				27	(12)	(6)

(These include children who have left school or the area before treatment was completed, or cases closed because of lack of co-operation).

PROVISION OF MEALS.

The number of children on the Free Meal List is 929.

CO-OPERATION OF PARENTS.

The number of parents who attended with their children for periodic medical inspection, together with the figures available for previous years, was as follows :—

				Number.	Total Percentage.	Percentage in Infant Group.
1914	...	...	...	1,096	14.2	—
1924	...	...	...	1,464	24.8	—
1934	...	...	...	4,077	48.6	83.0
1945	...	...	...	2,122	55.0	80.1
1954	...	...	...	4,697	57.6	88.2
1962	...	...	...	3,738	50.1	85.5
1963	...	...	...	3,283	47.9	84.5
1964	...	...	...	3,427	51.1	80.9
1965	...	...	...	2,829	47.3	83.8

Borough Children attending Special Schools.

BLIND.

*No. of
Pupils*

Lickey Grange School, Birmingham R. I. for the Blind, Worcestershire 2

DEAF AND PARTIAL HEARING.

Royal School for the Deaf, Derby 23

PHYSICALLY HANDICAPPED.

Thieves Wood Residential School for Severely Physically Handicapped, Nr. Mansfield, Nottinghamshire	...	...	...	2
Irton Hall School, Holmrook, Cumberland	...	...	...	1
Talbot House School, Glossop, Derbyshire	...	...	...	1
Hinwick Hall School, Wellingborough, Bedfordshire	...	...	...	1
Florence Treloar School, Holybourne, Alton, Hampshire	...	...	...	1

DELICATE.

Ashe Hall School, Etwall, Nr. Derby	40
-------------------------------------	-----	-----	-----	-----	----

E.S.N.

Temple House School, Derby	...	...	...	...	98
St. Giles' School, Derby	...	...	...	...	75
High Close School, Wokingham, Berkshire	...	...	...	...	1
Hilton Grange School, Bramhope, Yorkshire	...	...	...	...	1
Brookside School, Breadsall, Derbyshire	...	...	...	...	3

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES.

During the calendar year ended 31st December, 1965 :—

		Blind	P.S.	Deaf	Pt. Hg.	P.H.	Del.	Mal.	E.S.N.	Epil.	Sp. Def.	TOTAL (Cols. (1) to (10)) (11)
A.	Now many handicapped children were newly assessed as needing special educational treatment at special schools or in boarding Homes?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
	Boys	1	—	1	—	—	7	3	19	—	—	31
	Girls	—	—	2	—	—	10	2	20	—	1	35
B.	How many children were newly placed in special schools (other than hospital special schools) or boarding homes? { (i) of those included at A above	1	—	1	—	—	6	3	11	—	—	22
	Boys	—	—	2	—	—	8	2	16	—	—	28
	Girls	—	—	1	—	—	2	—	1	—	—	4
	(ii) of those assessed prior to January, 1965	—	—	—	—	1	—	—	3	—	—	4
	Boys	1	—	2	—	—	8	3	12	—	—	26
	Girls	—	—	2	—	1	8	2	19	—	—	32
	(iii) TOTAL newly placed— B(i) and (ii)	—	—	—	—	—	—	—	—	—	—	—

On 20th January, 1966, how many children from the Authority's area:—

	(1) were requiring places in special schools other than hospital special schools.											
	(a) day Boys	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—
	(b) boarding Boys	—	2	—	—	2	3	—	—	—	—	7
	Girls	—	—	—	—	3	1	—	1	—	1	6
	(a) day places Boys	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—
	(ii) included at C(i) who had not reached the age of 5 years were awaiting	—	—	—	—	—	—	—	—	—	—	—
	(b) boarding places Boys	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	1	—	—	—	—	—	1

During the Calendar Year ended 31st December, 1965:—

	Blind	P.S.	Deaf	Pt. Hg.	P.H.	Del.	Mal.	E.S.N.	Epil.	Sp. Def.	TOTAL (Cols. (1) to (10)). (11)
(iii) included at (i) who had reached the age of 5 years but whose parents had refused consent to their admission to a special school, were awaiting	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	1	3	—	—	—	—	4
(iv) included at (i) had been awaiting admission to special schools for more than one year	—	—	—	—	1	1	—	—	—	—	2
	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	1	—	—	—	—	1
	—	—	—	—	1	1	—	—	—	—	2

On 20th January, 1966, how many children from the authority's area:—

(1) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they were maintained	Boys	—	—	—	—	7	—	95	—	—	102
	Girls	—	—	—	—	3	—	78	—	—	81
	Boys	—	—	—	—	15	1	3	—	—	19
	Girls	—	—	—	3	15	—	—	—	—	18
(2) Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated	Boys	—	5	—	—	—	—	—	—	—	5
	Girls	—	6	—	—	—	—	—	—	—	6
	Boys	2	7	—	1	—	—	1	—	—	11
	Girls	—	5	—	1	—	—	1	—	—	7
(3) Independent schools under arrangements made by the authority	Boys	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—

1. (i) were on the registers of:—

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES

During the Calendar Year ended 31st December, 1965:—		Blind	P.S.	Deaf	Pt. Hg.	P.H.	Del.	Mal.	E.S.N.	Epil.	Sp. Def.	TOTAL (Cols. (1) to (10)).
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
D.	Boys	—	—	—	—	—	—	3	—	—	—	3
	Girls	—	—	—	—	—	—	2	—	—	—	2

	Boys	2	—	12	—	1	22	4	99	—	—	140
	Girls	—	—	11	—	5	18	2	79	—	—	115
TOTAL "D"		2	2	12	—	3	25	4	99	—	—	147
Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—TOTAL of sections C(i) (a) and (b) and D		—	—	11	—	8	19	2	80	—	1	121
On 20th January, 1966:—		—	—	—	—	1	—	—	—	—	—	1
E.	How many handicapped pupils (irrespective of the area to which they belong) were being educated under arrangements made by the authority in accordance with Section 56 of the Education Act, 1944 ..	—	—	—	—	—	—	—	—	—	—	—
	(i) in hospitals	—	—	—	—	—	—	—	—	—	—	—
	(ii) in other groups (e.g. units for spastics, convalescent homes, etc.)	—	—	—	—	—	—	—	—	—	—	—
(iii) at home ..		—	—	—	—	2	—	—	—	—	—	2

EDUCATIONALLY SUBNORMAL

New decisions recorded under Section 57 of the Education Act, 1944	...	...	...	...	...	...	...	7
Interviews carried out under the provisions of Section 57A of the Education Act, 1944	...	...	...	...	...	...	...	—
Decisions cancelled under Section 57A (2) of the Education Act, 1944	...	...	...	...	...	...	...	—

E.S.N. Day Special Schools.

85 children were seen and assessed during 1965, and 38 were ascertained as E.S.N. and admitted to one or other of the E.S.N. Schools.

The majority of these children were from junior schools and, although the I.Q. was not the only factor taken into consideration, nearly all were, in fact, in the I.Q. range 50—75.

The following is a report by Mr. W. J. Lake, Headmaster of Temple House School:—

During the year, twenty-two children were admitted and the same number discharged.

As in previous years, most of the admissions were from Infant and Junior Schools. Early ascertainment is always desirable and transfer is much smoother if effected at the junior stage.

Of the children who left, one was able to return to a Secondary Modern School. There were three transfers to Residential Schools, two to St. Giles', one to the Junior Training Centre, and fourteen boys left to start work. All the sixteen-year-old leavers were placed in suitable employment, and all have remained in work.

We were expecting by this time to be rehoused in the old Southgate Girls' School, but this has not yet come about. As a result this has been a very unsettled year in which we have been more or less marking time. The Youth Club which has been functioning very successfully for five years was discontinued in view of the anticipated move. It is hoped to start it again later on.

At the end of the year Mr. R. F. Tucker left the staff to take up the Headship of the Ilam Junior School. No replacement is as yet forthcoming.

We have appreciated the help we have had over the year from the Child Guidance Clinic. Mr. Claiborne, Educational Psychologist, has re-tested some fifty boys, and his diagnoses and advice have been most useful.

Activities during the year have included the usual factory visits, excursions to places of interest, and school concerts and plays.

The following is a report by Miss K. S. Jays, Headmistress of St. Giles' School:—

Number on Roll has varied between 75 and 79.

Nine girls left during the year, and all have found work in Derby.

Five boys were transferred to Temple House.

Medical Inspections were held in April.

The Educational Psychologist re-tested twenty-six of our pupils. One was considered suitable for transfer, but elected to stay with us and will leave at Easter, 1966. Two or three were found to have full I.Qs. below 50, but are being given further time to see how they cope.

The cessation of visits from a Speech Therapist is regretted.

We have had visits from local staff, including some from Ivy House. Senior girls have visited local factories.

Swimming has continued to be enjoyed, and girls have won Bronze and Silver Personal Survival Certificates.

CLASS FOR THE PARTIALLY SIGHTED

Report by Miss M. I. Copley, teacher-in-charge.

In January there were seven pupils in the class, and there have been no admissions during the year. Furthermore, enquiries have revealed that there are no pre-school children likely to need a place in this class. This report, therefore, will be the final one, as the class will be closed as soon as the last three pupils have been placed in residential schools.

During the year, two pupils attained school leaving age; the boy obtained work in the packing department of an electrical components factory, and the girl was transferred to the Royal College for the Blind at Shrewsbury to learn to type from tape recordings. The sight of a ten year old boy showed signs of possible serious deterioration, and he was transferred to Lickey Grange School for the Blind. A fourth pupil whose poor health was seriously affecting her progress was referred back to the County Authority and was withdrawn for home teaching.

As the class decreased numerically, those pupils remaining received increased individual tuition and consequently have made rapid progress. The Schools Radio programmes have supplied the basis for Science, Nature, History, and Geography work. Physical Education has been carried out with the use of the Junior School hall and apparatus and instruction in Swimming has been given through the Junior School.

For the first time since we started the custom in 1950, there was no trip to Bakewell or Matlock, as the pupils' Saturdays are fully occupied. One has become a loyal supporter of "Derby County", one is an ardent Junior Red Cross worker, with several medals to his credit, and the third is a keen chess player, taking part in contests.

Each pupil is working to full capacity and with the prospect of further education, each has become interested in the possibilities. The Schools Psychologist considers that they can now hold their own in a larger school, and they are currently being considered for places in Exhall Grange, where there are grammar school and commercial courses.

In the twenty-seven years of its existence, there have been sixty-five pupils in this class. Of these, twenty-nine are known to the teacher to be self-supporting citizens, taking part in community activities; with a further nineteen most probably leading a similar life; while ten are still receiving education. Of the remainder, two died during school age, two are in homes for girls needing care, one is physically and mentally unfit to earn a living, and two, having an unsatisfactory home background which works against their natural ability, are probably "scraping a living".

This position of a class closing for lack of pupils is a triumph for the Derby Health Service. The class has served its purpose and is now redundant.

Ashe Hall Special School for Delicate Pupils.

	RESIDENT				DAY			
	<i>Total at 1/65</i>	<i>Admis- sions 1965</i>	<i>Dischar- ges 1965</i>	<i>Total at 12/65</i>	<i>Total at 1/65</i>	<i>Admis- sions 1965</i>	<i>Dischar- ges 1965</i>	<i>Total at 12/65</i>
Boys	14	15	6	23	12	4	7	9
Girls	18	12	10	20	5	—	2	3
TOTALS ..	32	27	16	*43	17	4	9	†12

*—Includes 13 County children, 1 child from County of Leicester, 1 child from City of Nottingham and 1 child from Nottinghamshire C.C.

†—Includes 1 County child.

PUPILS DISCHARGED IN 1965:

Average length of stay:— Resident 15 months
 Day 23 months

Defect	Resident	Day
Asthma	11	3
Bronchiectasis	3	1
Bronchitis	5	2
Heart	3	—
Delicate and other defects	21	6
TOTALS	43	12

Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.

There are no centres for Higher Education or Vocational Training in Derby. Suitable cases requiring such training are sent to recognised institutions elsewhere.

TEACHING IN HOSPITALS.

The following report has been received from Miss M. Turner, who is in the service of the Local Education Authority and who undertakes the teaching of children of school age in the local hospitals :—

46 Borough children have received tuition in Derby hospitals during 1965 as follows:—

	<i>Children's Hospital.</i>	<i>Derwent Hospital.</i>
Number of Children	42	4
Average period of tuition	2.5 weeks	4.7 weeks
Average age	9 yrs. 3 mths.	9 years
Age range	5—15 years	5—14 years
Period range	1—25 weeks	2—9 weeks

The average period spent in hospital this year shows very little change. As in 1964, the work tends to depend, on the whole, on individual tuition.

Individual lessons in Arithmetic, Algebra, Geometry, Reading English and French, are augmented as before, by television lessons and group lessons in Poetry, Scripture, History, Geography, Art and Handwork are given wherever age range and other circumstances permit.

NURSERY SCHOOLS.

The two Nursery Schools (Central and Allenton) continue to function successfully on the lines indicated in previous reports. The children are visited regularly by the School Nurse and at frequent intervals by the Medical Officer. Every child is medically examined at least once per year and treatment inaugurated for any defects.

The number of children examined was:—

<i>School.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Central ...	36	35	71
Allenton ...	12	20	32
	—	—	—
Totals ...	48	55	103
	—	—	—

EMPLOYMENT OF SCHOOL CHILDREN.

During the year, 300 children were examined as to their fitness to undertake employment. All were certified fit.

THE WORK OF THE SCHOOL NURSES.

Five nurses are engaged entirely on the work of the School Health Service.

Home visits	...	...	...	...	...	151
School visits	...	...	...	...	...	82

Visits to Nursery Schools.

					<i>Sessions.</i>	
Number of visits paid	...	...	...	...		320

Clinics.

Minor Ailments and Specialist Clinics				1,261
---------------------------------------	-----	-----	--	--	--	-------

VERMINOUS HEADS.

Routine Inspections of all children for the ascertainment of uncleanness are carried out in schools twice a year by the Authority's Cleansing Attendants. In addition, frequent visits to schools for re-inspection of children listed as infested at previous inspections are made. All children who are found to be infested with lice or who appear to be seriously infested with nits, and those showing fewer nits but appearing to be neglected, are listed for cleansing. The parents of those children who require cleansing are immediately served with a notice requiring them to present the children at the cleansing centre. Children found at subsequent inspections to be re-infested are again required to attend for cleansing, and the parents are warned that, in the event of a recurrence, court proceedings will be instituted. Proceedings were taken in 14 such cases in 1965. Parents of those children who are slightly infested receive a notice notifying them of the condition of the child's head and instructions with regard to cleansing. These children are then kept under periodic review until found to be clean.

Number of individual children cleansed	...	...				167
Number of sessions devoted to School Inspections						358

CHILDREN'S COMMITTEE WORK.

Special examinations of children committed to the care of the Local Authority are carried out by the medical staff of the School Health Service, and routine visits to the various Children's Homes are made monthly, and to the Remand Home once a week.

The following examinations were carried out during the year:—

Initial and routine examinations of Boarded-out children	...						69
Children for adoption	...	...	...	...	...	...	12
Examinations carried out at Children's Homes	...	...	...	...	...	...	70
Children for Approved Schools or Remand Homes (including examinations carried out at Remand Homes)	...	...	...	...	...	...	211
Other examinations	...	...	...	...	...	...	74

MISCELLANEOUS WORK.

Medical examinations were also made as follows :—

Teachers	...	...	...	...	...	...	...	34
Before proceeding to Skegness Seaside Home	...	...	...	...	...	...	...	483
Before taking part in School Journeys, Athletics, etc.	...	...	...	...	...	...	...	278
Before proceeding to School Camps	...	...	...	...	...	...	...	129
Intending Teachers	...	...	...	...	...	...	...	94
Outward Bound Courses	...	...	...	...	...	...	...	4

MASS RADIOGRAPHY OF SCHOOL CHILDREN.

Report by Dr. W. Guthrie, Director of Nottingham Area No. 2 Mass Radiography Unit, on the Mass Radiography Survey of school children in 1965 :—

I give below the figures for the survey carried out by this Unit on the school leavers at Derby this month.

<i>Number X-rayed</i>			<i>Number Available</i>			<i>Percentage X-rayed</i>			<i>X-rayed first time</i>	
<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>No.</i>	<i>%</i>
496	635	1,131	1,001	924	1,925	49%	68%	58%	1,102	97%

REFERRALS TO SPECIALIST CLINICS

Year of Birth	Number of Children Examined	SKIN				VISION				SQUINT			
		No. refd. for treat't	No. refd. by SMO's	No. refd. by SMO's in prev. years	No. refd. by own Doctor, Hosp., etc.	No. refd. for treat't	No. refd. by SMO's	No. refd. by SMO's in prev. years	No. refd. by own Doctor, Hosp., etc.	No. refd. for treat't	No. refd. by SMO's	No. refd. by SMO's in prev. years	No. refd. by own Doctor, Hosp., etc.
1961	259	4	2	—	2	—	—	—	—	4	1	—	3
1960	809	11	2	6	3	6	3	—	3	21	2	4	15
1959	848	6	2	2	2	13	8	3	2	38	2	16	20
1958	101	1	—	1	—	3	1	2	—	3	1	—	2
1957	76	3	—	1	2	2	—	1	1	1	—	—	1
1956	64	2	—	2	—	1	—	—	1	2	—	1	1
1955	814	27	13	9	5	71	20	25	26	11	—	3	8
1954	679	23	5	9	9	77	16	41	20	17	1	6	10
1953	252	9	4	—	5	37	5	16	16	3	—	—	3
1952	170	5	2	2	1	15	3	6	6	2	—	—	2
1951	557	17	11	3	3	79	16	36	27	5	—	3	2
1950	1,355	33	16	6	11	223	38	105	80	12	1	5	6
TOTALS ..	..	141	57	41	43	527	110	235	182	119	8	38	73

APPENDIX A

Number of pupils on registers of maintained primary, secondary,
special and nursery schools in January, 1966 20,071

PART I.—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

<i>Age Groups Inspected (by year of birth).</i>	<i>No of Pupils Inspected.</i>	PHYSICAL CONDITION OF PUPILS INSPECTED		<i>No. of Pupils found not to warrant a medical exam- ination.</i>	<i>Pupils found to require treatment (excluding dental diseases and infestation with vermin).</i>		
		<i>Satis- factory</i>	<i>Unsatis- factory</i>		<i>For defective vision (ex- cluding squint).</i>	<i>For any other condition recorded at Part II.</i>	<i>Total indi- vidual pupils.</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1961 and later ..	259	258	1	—	—	11	10
1960	809	809	—	—	6	54	59
1959	848	847	1	—	12	42	54
1958	101	101	—	—	3	11	14
1957	76	76	—	—	2	8	10
1956	64	63	1	—	1	7	8
1955	814	814	—	—	71	54	121
1954	679	679	—	—	78	55	128
1953	252	251	1	—	36	26	55
1952	170	170	—	—	16	21	36
1951	557	555	2	—	79	40	117
1950 and earlier..	1,355	1,355	—	—	223	64	280
TOTAL	5,984	5,978	6	—	527	393	892

Col. (3) total as a percentage of Col. (2) 99.90%

Col. (4) total as a percentage of Col. (2)10%

TABLE B.—OTHER INSPECTIONS.

Number of Special Inspections	877
Number of Re-inspections	5,564
TOTAL	6,441

TABLE C.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	54,452
(b) Total number of individual pupils found to be infested	538
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	167
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	167

PART II.—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

TABLE A.—PERIODIC INSPECTIONS

Defect Code No.	DEFECT OR DISEASE.	PERIODIC INSPECTIONS.							
		ENTRANTS.		LEAVERS.		OTHERS.		TOTAL.	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	11	30	17	38	113	186	141	254
5	Eyes—								
	a. Vision ..	6	48	79	27	442	193	527	268
	b. Squint ..	21	14	5	—	93	32	119	46
	c. Other.. ..	1	4	—	3	11	9	12	16
6	Ears—								
	a. Hearing ..	1	25	2	11	12	76	15	112
	b. Otitis Media..	3	24	2	8	7	51	12	83
	c. Other.. ..	—	5	1	—	4	21	5	26
7	Nose and Throat ..	14	100	3	10	43	312	60	422
8	Speech	12	70	2	5	36	171	50	246
9	Lymphatic Glands ..	—	56	—	4	1	231	1	291
10	Heart	1	7	—	4	—	35	1	46
11	Lungs	1	19	—	7	4	111	5	137
12	Developmental—								
	a. Hernia ..	—	4	—	—	1	8	1	12
	b. Other.. ..	—	8	—	2	5	35	5	45
13	Orthopaedic—								
	a. Posture ..	—	3	—	1	4	17	4	21
	b. Feet	2	19	2	5	20	82	24	106
	c. Other.. ..	3	57	4	10	25	194	32	261
14	Nervous System—								
	a. Epilepsy ..	—	1	—	1	7	8	7	10
	b. Other.. ..	—	1	—	—	1	19	1	20
15	Psychological—								
	a. Development ..	—	8	—	26	1	204	1	238
	b. Stability ..	—	5	1	5	1	29	2	39
16	Abdomen	—	1	—	1	—	18	—	20
17	Other	2	25	1	27	28	221	31	273

“T” Requires Treatment.

“O” Requires Observation.

TABLE B.—SPECIAL INSPECTIONS.

Defect Code No.	DEFECT OR DISEASE.	SPECIAL INSPECTIONS.	
		Pupils requiring Treatment.	Pupils requiring Observation.
(1)	(2)	(3)	(4)
4	Skin	1,926	371
5	Eyes— <i>a.</i> Vision	1,028	917
	<i>b.</i> Squint	231	90
	<i>c.</i> Other.. .. .	225	52
6	Ears— <i>a.</i> Hearing	10	170
	<i>b.</i> Otitis Media	33	116
	<i>c.</i> Other.. .. .	32	37
7	Nose and Throat	200	671
8	Speech	142	384
9	Lymphatic Glands	6	305
10	Heart	1	81
11	Lungs	20	335
12	Developmental— <i>a.</i> Hernia	2	24
	<i>b.</i> Other	8	107
13	Orthopaedic — <i>a.</i> Posture	7	31
	<i>b.</i> Feet	50	168
	<i>c.</i> Other	96	397
14	Nervous System— <i>a.</i> Epilepsy	13	12
	<i>b.</i> Other	3	29
15	Psychological— <i>a.</i> Development	8	88
	<i>b.</i> Stability	4	70
16	Abdomen	2	53
17	Other	1,453	745

**PART III.—TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING
NURSERY AND SPECIAL SCHOOLS).**

**TABLE A.—EYE DISEASES, DEFECTIVE VISION
AND SQUINT.**

	Number of cases known to have been dealt with.
External and other, excluding errors of refraction and squint	231
Errors of refraction (including squint)	1,116
Total	1,347
Number of pupils for whom spectacles were prescribed ..	923

**TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE
AND THROAT.**

	Number of cases known to have been dealt with.
Received operative treatment—	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis	100
(c) for other nose and throat conditions	—
Received other forms of treatment	124
Total	224
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1965	3
(b) in previous years	29

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patients departments ..	147
(b) Pupils treated at school for postural defects	2
Total	149

TABLE D.—DISEASES OF THE SKIN
(excluding uncleanness, for which see Table C of Part I).

								Number of cases known to have been treated.
Ringworm—(a) Scalp	..	..	..	..	..	..	—
(b) Body	..	..	..	..	..	..	12
Scabies	..	..	..	..	..	..	25
Impetigo	..	..	..	..	..	..	28
Other skin diseases	..	..	..	..	..	..	1,862
Total	..	..	..	..	..	..	1,927

TABLE E.—CHILD GUIDANCE TREATMENT.

						Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics	..	..	..			233

TABLE F.—SPEECH THERAPY.

	Number of cases known to have been treated.
Pupils treated by speech therapists	140

TABLE G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments	1,434
(b) Pupils who received convalescent treatment under School Health Service arrangements.. .. .	242
(c) Pupils who received B.C.G. vaccination	1,130
(d) Other than (a), (b) and (c) above	—
Total (a)—(d)	2,806

V—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Vaccination against Smallpox during 1965.

Age at Date of Vaccination ..		Under 1 year.		1 year.		2—4 years.		5—14 years.		15 years or over.		Total.	
		Dept	G.P.s	Dept	G.P.s	Dept	G.P.s	Dept	G.P.s	Dept	G.P.s	Dept	G.P.s
PRIMARY VACCINATIONS.													
Number Vaccinated ..		25	94	686	153	87	39	9	33	11	21	818	340
CASES SPECIALLY REPORTED	(a) Generalised Vaccinia ..	—	—	—	—	—	—	—	—	—	—	—	—
	(b) Post-vaccinal Encephalo-Myelitis ..	—	—	—	—	—	—	—	—	—	—	—	—
	(c) Death from complications other than (a) and (b)..	—	—	—	—	—	—	—	—	—	—	—	—
RE-VACCINATIONS.													
Number Vaccinated ..		—	1	—	6	—	8	—	12	—	3	—	30
CASES SPECIALLY REPORTED	(a) Generalised Vaccinia ..	—	—	—	—	—	—	—	—	—	—	—	—
	(b) Post-vaccinal Encephalo-Myelitis ..	—	—	—	—	—	—	—	—	—	—	—	—
	(c) Death from complications other than (a) and (b)..	—	—	—	—	—	—	—	—	—	—	—	—

The number of children under five years vaccinated against smallpox during the year was 1,084 as compared with 989 in 1961.

Diphtheria, Whooping Cough and Tetanus Prophylaxis.

Triple, Combined or Single Antigens were again used throughout the year.

Immunisation by the Department.

Number of sessions held	...	...	...	...	220
Average attendance	...	...	...	...	34

Diphtheria.—1,239 children under four years of age and 192 children between four and sixteen years of age were completely immunised against diphtheria. In addition, a further 2,836 were given reinforcing injections.

Whooping Cough.—1,224 children under four years and 23 children between four and sixteen years of age were completely immunised against whooping cough. In addition, 739 received reinforcing injections.

Tetanus.—1,238 children under four years and 271 children between four and sixteen years of age were completely immunised against tetanus, and 2,796 children were given reinforcing injections.

Immunisation by Private Practitioners.

546 children under four and 23 children between four and sixteen were completely immunised against diphtheria, and 353 children received reinforcing injections.

545 children under four and 20 children between four and sixteen were completely immunised against whooping cough. 229 children received reinforcing injections.

546 children under four and 23 children between four and sixteen were completely immunised against tetanus. 765 children received reinforcing injections.

Diphtheria Immunisation Table.

Age on 31 12/65	YEAR OF BIRTH					Others under age 16	TOTAL
	1965	1964	1963	1962	1958/61		
Number of children who completed a full course of primary immunisation in 1965	645	972	118	50	140	75	2,000
Number of children who received a secondary (reinforcing) injection in 1965	—	345	518	108	1,037	1,181	3,189
Total number of immunisations given	645	1,317	636	158	1,177	1,256	5,189

B.C.G. Vaccination against Tuberculosis.

During 1965, visits were paid to all the Secondary and Grammar schools in Derby in connection with the B.C.G. vaccination programme. The figures are as follows:—

	<i>No. given Heaf Test.</i>	<i>Tuberculin Positive.</i>	<i>Tuberculin Negative.</i>	<i>Vaccinated with B.C.G.</i>
School Children	1,227	25	1,129	1,130
"Contact" Scheme	243	15	228	228
				(Plus 37 babies vaccinated in maternity hos- pitals).

Vaccination against Poliomyelitis.

				SALK VACCINE.	ORAL VACCINE.
(A) VACCINATIONS CARRIED OUT BY DEPARTMENT,					
Children born in years 1958—1965 completely vaccinated	..	..	..	—	1,369
Others Under 16 years completely vaccinated	..	..	..	—	42
Persons Over 16 years completely vaccinated	..	..	..	—	44
Reinforcing doses given .. .. .	..	..	..	1	11
Fourth doses given to children aged between 5 and 12 years	..	..	..	—	1,670
				<u>1</u>	<u>3,136</u>
(B) VACCINATIONS CARRIED OUT BY PRIVATE PRACTITIONERS.					
Children born in years 1958—1965 completely vaccinated	..	..	..	14	617
Others Under 16 years completely vaccinated	..	..	..	—	15
Persons Over 16 years completely vaccinated	..	..	..	1	11
Reinforcing doses given .. .. .	..	..	..	3	—
Fourth doses given to children aged between 5 and 12 years	..	..	..	18	123
				<u>36</u>	<u>766</u>

During the year, 2,113 persons were completely vaccinated, compared with 2,100 in the previous year; 15 persons received a third (reinforcing) injection or oral dose, compared with 92 in 1964. 1,811 children between the ages of five and twelve years received a fourth reinforcing injection or oral dose, compared with 2,046 in 1964.

Cases of Infectious Disease Notified during 1965

NOTIFIABLE DISEASE.	At all ages	At Ages—Years.											Total Cases removed to Isolation Hospital
		Under 1						10	15	25	45	65	
			1-	2-	3-	4-	5-	-	-	-	-	+	
							9	14	24	44	64		Unknown
Scarlet Fever	102	1	2	9	13	17	57	3	..	..	..	..	..
Whooping Cough	32	2	2	4	5	6	11	..	2	..	..	..	1
Measles	1531	71	215	230	231	248	498	30	7	1	..	..	19
Acute Poliomyelitis—													
Paralytic .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Non-paralytic .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including													
Membraneous Group) ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal Infection ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute Encephalitis—													
Infective .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Post-infectious .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery	129	10	8	9	23	15	22	7	9	21	3	2	16
Ophthalmia Neonatorum	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Pyrexia	2	..	..	..	..	..	..	..	1	1	..	..	2
Acute Pneumonia	19	1	..	..	..	..	2	..	..	2	8	6	1
Para-typhoid Fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid Fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Food Poisoning	6	..	..	..	..	..	..	..	..	3	3	..	3
Erysipelas	2	..	..	..	..	..	..	..	..	1	1	..	..
Malaria .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Respiratory Tuberculosis	62	2	..	..	..	2	1	1	8	17	22	9	68
Non-Respiratory													
Tuberculosis	16	..	..	..	..	..	..	..	3	9	2	2	4
TOTALS	1901	87	227	252	272	288	591	41	30	55	39	19	114

COMMUNICABLE DISEASES.

Scarlet Fever.

102 cases were notified. This is an increase on the figure in 1964, when 73 cases were notified.

Whooping Cough.

32 cases were notified. This shows a decrease of 74 on last year's total of 106 cases.

Diphtheria.

No cases were notified.

Measles.

1,531 cases were notified. This is an increase of 1,032 on the figures for 1964, when 499 cases were notified.

Acute Pneumonia.

19 cases were notified, compared with 27 in 1964. 14 of these cases were adults over the age of 45.

Meningococcal Meningitis.

No cases were notified, compared with three in 1964.

Ophthalmia Neonatorum.

No cases were notified, compared with one in 1964.

Typhoid Fever.

No cases were notified, compared with one in 1964.

Erysipelas.

2 cases were notified, compared with 6 in 1964.

Acute Infective Encephalitis.

No cases were notified.

Acute Poliomyelitis.

No cases were notified.

Puerperal Pyrexia.

2 cases were reported, compared with one in 1964.

Food Poisoning.

Six cases occurred, compared with four in 1964.

Malaria.

No cases were notified.

Dysentery.

129 cases were notified, compared with 23 in 1964.

The total number of notifiable diseases reported in the Borough during 1965 was 1,901, which shows an increase of 1,091 on the figures for 1964. This difference is largely accounted for by the fluctuation in the numbers of measles notifications.

Cancer.

The recorded deaths from various types of malignant disease shows a slight increase in number as compared with 1964, from 299 to 314.

The Table shows the deaths by age distribution :—

Age	Under 25 years.		25—34 years.		35—44 years.		45—54 years.		55—64 years.		65—74 years.		75 years and upwards.		All Ages.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.
Stomach	—	—	—	—	—	—	3	1	1	2	7	9	7	2	18	14	32
Lungs & Bronehus	—	—	—	—	2	—	8	3	28	2	30	1	9	3	77	9	86
Breast	—	—	—	—	—	—	—	5	—	7	—	4	—	4	—	20	20
Uterus	—	—	—	—	—	1	—	3	—	5	—	1	—	2	—	12	12
Leukaemia and Aleukaemia ..	1	1	—	—	—	—	1	—	2	—	2	—	1	—	7	1	8
All Others	—	2	2	—	1	6	10	5	23	15	24	18	30	20	90	66	156
TOTALS	1	3	2	—	3	7	22	17	54	31	63	33	47	31	192	122	314

DERWENT HOSPITAL.**Detailed Analysis of Admissions and Discharges during 1965 (Borough only)**

Disease			Remaining 31/12/64.	Admitted.	Discharged.	Died.	Remaining 31/12/65.
Chicken Pox .. ..	..	..	1	1	2	—	—
Whooping Cough .. ..	..	..	—	1	1	—	—
Gastro-Enteritis .. ..	..	..	—	1	1	—	—
Dysentery .. ..	..	..	—	13	13	—	—
Pneumonia .. ..	..	..	—	2	2	—	—
Measles .. ..	..	..	1	17	18	—	—
Glandular Fever .. ..	..	..	—	3	3	—	—
Salmonella Infection .. ..	..	..	—	4	2	1	1
Meningitis .. ..	..	..	1	—	1	—	—
Impetigo .. ..	..	..	—	4	4	—	—
Puerperal Pyrexia .. ..	..	..	—	2	2	—	—
Infective Hepatitis .. ..	..	..	—	2	2	—	—
Scabies .. ..	..	..	—	4	3	—	1
Influenza .. ..	..	..	—	2	2	—	—
Various .. ..	..	..	—	35	35	—	—
TOTAL ALL DISEASES ..			3	91	91	1	2

Venereal Diseases.

RETURN relating to Borough residents who were treated at the Treatment Centre at Derbyshire Royal Infirmary, Derby, during the year ended 31st December, 1965.

<i>Name of Local Health Authority</i>	NUMBER OF NEW CASES IN YEAR			
	<i>Totals</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
Derby County Borough . .	527	6	131	390

General Comments.

I have pleasure in reporting that another year has passed without any serious epidemic occurring within the Borough. Indeed, the number of cases of notifiable infectious diseases such as diphtheria, poliomyelitis, scarlet fever, etc., has now reached negligible proportions and many of these infections, which caused such a high mortality rate a decade or so ago, especially among the child population, have virtually disappeared. This demonstrates once again the effectiveness of immunisation of the young child against these killing diseases, and, in this respect, the majority of parents of children within the Borough co-operate whole-heartedly with the Health Authority in having their children brought along for the various immunisation procedures, and thus maintaining a high level of immunity of the child population.

Immunisation against Diphtheria, Tetanus and Whooping Cough.

Immunisation sessions are held at all the Borough Welfare Clinics, frequently and according to the numbers attending. All attendances are made by appointment, thus relieving the mother of any lengthy period of waiting at the clinic. This system works very well. The mother may also see the Health Visitor for general advice, weighing, etc., of the babies after immunisation, and there is also provision made for the issue of Welfare Foods and the various vitamin supplements to those who require them. During the first year the baby is fully immunised against diphtheria, tetanus, whooping cough, and poliomyelitis, and against smallpox by vaccination at some time after the first birthday and during the second year of life. This procedure ensures a high degree of immunity of the young child during its pre-school life. A small boosting injection is given to maintain this high level of immunity at school entry, the age of 5 years, and again at 10 years.

Although the majority of mothers realise the importance of this protection offered, and take full advantage of these facilities for immunisation against diphtheria, tetanus, whooping cough and poliomyelitis, there is a marked decrease in the numbers who have their children vaccinated against smallpox. This is unfortunate as this serious and highly infectious disease may well appear at any moment in any part of this country or in neighbouring European countries, causing much panic and unnecessary mass vaccination among those who have neglected to have themselves or their children vaccinated.

B.C.G. Vaccination against Tuberculosis.

The use of B.C.G. vaccination to provide immunity against tuberculosis, first introduced in 1954, is now firmly established. Vaccination is offered to all schoolchildren in the age group of 13 years in all the Borough schools, and a recent arrangement between the County Health Dept. and the Borough Health Dept. now permits County children who attend certain of the Borough schools to be vaccinated as well. This age group has been selected so that the greatest protection against tuberculosis may be given at this age and the early school leaving years, when the young person is likely to be more susceptible to the disease if unprotected.

In addition to these children, all immigrant children of whatever age, mainly Pakistani, Indian and Jamaican in origin, are given B.C.G. vaccination during the first year of their admission. This serves a double purpose: (1) to assist in the early diagnosis of pulmonary tuberculosis by means of the initial skin test which is performed, and which, if positive, enables these children to be referred to the Chest Clinic for full investigation and further treatment where necessary, and (2) it provides a considerable degree of immunity in these children who would otherwise run considerable risk of being infected by members of their families.

Dysentery—Bacillary.

An outbreak of a mild type of Sonne Dysentery was investigated, which began in the Castle Ward of the Borough, and first of all affected a number of infants attending the two nursery classes in Castle School. The outbreak started just before the school broke up for the half-term holiday, and 22 children, about half those attending the nursery classes, were taken ill and had to be excluded from attending the school. The first cases in Castle Ward were notified on 15th February, 1965, and by the end of the first week, 26 positive cases had been notified to the Medical Officer of Health.

In view of the numbers involved, the two nursery classes were closed on 23rd February, 1965, but the remainder of the infants' school was functioning normally. The school meals service at the school was suspended for a week while the staff were investigated, but was resumed when the staff were found to be clear of infection. During the next two weeks 43 further cases were discovered, all in the same area. 17 of these cases were concentrated in three families, living in close proximity, in overcrowded and poor standard houses. 34 more cases occurred during the next fortnight, with a tendency to spread through family contacts to other areas of the Borough, notably to a Children's Home, where a total of 10 cases occurred. 16 more cases were reported in the week ending March 27th, thereafter the outbreak was brought under control. Five cases occurred in the week ended April 3rd, and one more, the last of the outbreak, on April 5th. The total number of cases in this outbreak was 125.

Two important facts emerge from a study of this outbreak. The first is the necessity for careful isolation of all cases and contacts once the presence of the disease is realised. Otherwise fresh pockets of infection may be set up in places far removed from the original outbreak, as indeed happened in the case of the Children's Home, and these secondary outbreaks can be most difficult to trace and control. The second is the importance of a high standard

of hygiene in the home. The focus of this outbreak was in an area of sub-standard housing, and the most intractable centres of infection were only finally controlled by the admission to hospital of several members of the families involved.

Salmonella Infection.

Three male patients were admitted to the Derwent Hospital early in October, 1965, suffering from gastric disorder, and were found on investigation to be infected by *Salmonella Stanley*. The three patients were not related in any way and it was not possible to discover any common source of infection. The family contacts of the three patients were investigated, and all were found free of infection. One patient, a man aged 40 years, died in hospital two days after admission. Subsequently two of the hospital staff who had been nursing this man themselves became ill, and were found to be infected by the same organism. One of these nurses was successfully treated at home; the other had to be admitted to hospital. No further cases occurred amongst the families or contacts of these patients.

VI.—TUBERCULOSIS.

Report by Dr. Hugh G. Grace, Consultant Chest Physician.

Incidence.

62 new cases of respiratory tuberculosis were notified in Derby during 1965, this being six more than in the previous year. Of these new cases, 11 were Indian and Pakistani immigrants, six were referrals to the Chest Clinic from the Nottingham Mobile Mass Radiography Unit and two new patients were discovered by routine examination at the Chest Clinic of contacts of known cases of tuberculosis.

The number of new cases of non-respiratory tuberculosis notified in 1965 was 16. This is some six more than in the previous year.

Mortality.

There were eight deaths from respiratory tuberculosis and two deaths from non-respiratory tuberculosis during 1965. This represents an increase of two in each category over the preceding year.

Prevention.

The first visit to homes of newly notified cases of tuberculosis is made by a health visitor from the Chest Clinic as soon as possible after notification and the patient is advised *re* precautions which must be taken to avert the spread of infection. The health visitor also arranges for contacts to attend a special contacts session of the Chest Clinic, and she urges the acceptance of B.C.G. vaccination for younger members of the infected household and others in close contact. An explanatory leaflet regarding B.C.G. vaccination is also left at the house. Subsequent routine visiting of the family is made by the same health visitor to ensure that medical advice is being followed and proper precautions taken.

Contacts are asked to attend the Chest Clinic for examination by appointment, and the following is a summary of such work done during the past six years:—

YEAR.	<i>No. of New Cases of Tuberculosis notified.</i>	<i>No. of New Contacts examined.</i>	<i>Total Contact Attendances.</i>	<i>No. of Contacts found to be tuberculous.</i>
1961	63	449	1,201	3
1962	63	404	1,033	1
1963	70	408	987	4
1964	66	460	1,014	5
1965	78	487	1 073	2

B.C.G. Vaccination.

Contacts vaccinated at Derby Chest Clinic during 1965 under Local Health Authority's approved Scheme	...	...	228
New-born infants vaccinated in maternity hospitals	...	.	37
Total	...	...	265

(NOTE.—Of the 487 new contacts examined during 1965, 154 were children.)

It is the practice in Derby to arrange regular re-examination for all home contacts of infective cases of tuberculosis and these are continued for varying periods, according to circumstances, after the last exposure to infection. In certain cases, Chest Clinic supervision has been prolonged for one to two years after contact has ceased. The same rule is observed in households where death from tuberculosis has occurred without prior notification of the disease.

Rehabilitation.

Suitable employment and conditions for tuberculous patients returning to work are very carefully selected, and, in this connection, the chest service is indebted to the medical officers of the larger industrial undertakings in Derby for the interest they have shown and the assistance they have given. All patients who have recently returned to work are, of course, kept under close supervision at the Chest Clinic.

Care and After-Care.

The excellent co-ordination which has been established in Derby between the Chest Clinic and the Medical Officer of Health's Department was fully maintained during 1965, and co-operation between those concerned with the care and after-care of tuberculous patients has been notably successful. Details of assistance given to patients under this head appear in the Almoner's section of this Report.

Health Visiting.

During the year, visits were made to 394 patients' homes by the two tuberculosis health visitors

Register of Notifications.

	RESPIRATORY.			NON-RESPIRATORY.			TOTAL CASES.
	Males.	Females.	Total.	Males.	Females.	Total.	
Number of cases of Tuberculosis remaining at 31/12/65 on the Register of Notifications kept by the Medical Officer of Health	367	237	604	92	111	203	807
Number of cases removed from the Register during the year by reason of —							
1. Withdrawal of notification ...	—	—	—	—	—	—	—
2. Recovery from the disease ...	34	33	67	—	3	3	70
3. Death (all causes)	19	8	27	—	1	1	28
4. Otherwise	23	10	33	—	—	—	33

Tuberculosis Notifications and Deaths, 1965.

AGE AND SEX INCIDENCE.

Age Periods.	New Cases.*				Deaths.			
	Respiratory.		Non-respiratory.		Respiratory.		Non-respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	1	1	—	—	—	—	—	—
1 year ...	—	—	—	—	—	—	—	—
2—4 years ...	1	1	—	—	—	—	—	—
5—9 „ ...	—	1	—	—	—	—	—	—
10—14 „ ...	—	1	—	—	—	—	—	—
15—19 „ ...	—	—	—	1	—	—	—	—
20—24 „ ...	7	1	—	2	—	—	—	—
25—34 „ ...	4	2	2	1	—	—	—	—
35—44 „ ...	9	2	5	1	—	1	2	—
45—54 „ ...	7	4	—	—	—	—	—	—
55—64 „ ...	8	3	1	1	4	—	—	—
65—74 „ ...	5	2	—	2	1	—	—	—
75 and over ...	1	1	—	—	2	—	—	—
Totals ...	43	19	8	8	7	1	2	—

* New Cases.—Cases transferred to Derby during 1965 from other areas are not included.

New Cases and Deaths. Comparative Table for Years 1958—1965.

YEAR.	RESPIRATORY TUBERCULOSIS.		NON-RESPIRATORY TUBERCULOSIS.	
	<i>*New Cases.</i>	<i>Deaths.</i>	<i>*New Cases.</i>	<i>Deaths.</i>
1958	75	9	12	—
1959	61	10	7	—
1960	67	15	7	1
1961	58	11	5	—
1962	57	11	6	—
1963	56	4	14	—
1964	56	6	10	—
1965	62	8	16	2

** Transfers from other areas (excluding Reg. Genl. Transferable Deaths) not included.*

Form T. 137 (Revised)

1960.

Public Health (Tuberculosis) Regulations, 1952.**PART I.**

Summary of notifications of tuberculosis during the period from the 1st January, 1965, to the 31st December, 1965, in the County Borough of Derby.

FORMAL NOTIFICATIONS.

Number of Primary Notifications of New Cases of Tuberculosis.

Age Groups.	Respiratory.		Meninges or C.N.S.		Others.	
	Males.	Females.	Males.	Females.	Males.	Females.
Under 1	1	1	—	—	—	—
1—	—	—	—	—	—	—
2— 4	1	1	—	—	—	—
5— 9	—	1	—	—	—	—
10—14	—	1	—	—	—	—
15—19	—	—	—	—	—	1
20—24	7	1	—	—	—	2
25—34	4	2	—	—	2	1
35—44	9	2	—	—	5	1
45—54	7	4	—	—	—	—
55—64	8	3	—	—	1	1
65—74	5	2	—	—	—	2
75 and over	1	1	—	—	—	—
TOTAL (all ages) ..	43	19	—	—	8	8

MASS RADIOGRAPHY IN DERBY

6th July to 6th August, 1965

I am indebted to Dr. Guthrie, the Medical Director of Nottingham Area No. 2 Mass Radiography Unit, for sending the following report:—

Although the Unit operated at Derby for the same length of time as in 1964, the numbers are down compared with last year, i.e., 6,411 as compared with 7,169. The lower response has occurred mainly in the general public and can be attributed to two factors—first of all the response to the open sessions was again poor as compared with appointment sessions. Also, towards the end of the survey the x-ray machine broke down resulting in lost time during which we could have x-rayed about 600 more examinees.

It is interesting to note that 21% of the general public were x-rayed for the first time by a Mass Radiography Unit and 97% of the school leavers were x-rayed for the first time.

One definite case of active pulmonary tuberculosis and six cases of observation pulmonary tuberculosis were discovered. There were five cases of observation (non-tuberculous)—two of which are probably pulmonary neoplasm.

Three of the cases of observation (non-tuberculous) and one case of observation pulmonary tuberculosis had normal films previously which illustrates the value of periodic x-ray of the chest.

Two of the cases of observation pulmonary tuberculosis were among wayfarers which shows the value of x-raying this very small group.

One female did not return for large film, as requested. Fortunately, her miniature film did not suggest anything very significant so no further action has been taken regarding her.

Mass Radiography Survey at Derby.

6th July — 6th August, 1965

[illegible]

VII.—MENTAL HEALTH

Administration.

(a) Most of the functions of the Local Authority and the Local Health Authority under the Mental Health Act, 1959, and Section 51 of the National Health Service Act, 1946, stand referred to the Health Services Sub-Committee, consisting of twelve members of the Health Committee, which meets monthly.

(b) All Mental Welfare Services are under the supervision of the Medical Officer of Health.

Dr. V. N. Leyshon, Medical Officer of Health, Dr. J. E. Masterson, Deputy Medical Officer of Health, Dr. G. W. R. McGregor and Dr. M. M. F. Robinson, Senior Assistant Medical Officers of Health, and Dr. C. L. Noble, School Medical Officer, are authorised to act as responsible medical officers in relation to patients under guardianship under Part IV of the Mental Health Act, 1959, or under Part III of the Sixth Schedule of the said Act.

There are 7 patients under the guardianship of the Local Health Authority.

Five Mental Welfare Officers share the duties under the Mental Health Act, 1959. There is one Senior Mental Welfare Officer and four Mental Welfare Officers. Two have considerable practical experience and have been awarded The Diploma of Recognition of Experience in Social Work by the Council for Training in Social Work. Three are registered Mental Nurses and one of these has gained the Diploma in Political and Economic Studies at Nottingham University. One is studying at the Nottingham Regional College of Technology for the Certificate of the Council for Social Work Training and it is hoped that the other Mental Welfare Officer may take a similar course at an early date. There is also a Junior Female Trainee who is studying at the Liverpool College of Commerce for the Certificate in Social Work Training.

During the year the staff of the Junior Training Centre was maintained at full establishment.

The qualified supervisor and one assistant supervisor hold the Diploma of the Central Association for Mental Welfare. In addition there are three female unqualified supervisors and a male unqualified supervisor, the latter taking the senior boys' class. Also there is one female trainee.

(c) 11 visits in connection with renewal of Orders under Section 43 of the Mental Health Act, 1959, and applications for holidays were made on behalf of 4 hospitals.

(d) The Court of Protection have appointed the Senior Mental Welfare Officer to be the Receiver of the estates of four mental patients. Three patients are in hospital and the other is under the Guardianship of this authority.

(e) No duties are delegated to voluntary organisations.

Account of Work Undertaken in the Community.

(a) Under Section 28, National Health Service Act, 1946, Prevention, Care and After-Care :—

Prevention.

The Mental Welfare Officers made 1,023 visits and dealt with 509 cases as follows :—

111 neurotic and confusion cases with domestic difficulties :—

Following visits to each case and contact with employers and other officials, improvement in domestic relations was eventually brought about in all cases.

15 males were found other employment.

9 females were found other employment.

92 persons were persuaded to undergo out-patient treatment.

1 male persuaded to attend rehabilitation centre.

— females persuaded to attend rehabilitation centre.

13 males found lodgings.

11 females found lodgings.

130 patients are receiving regular visits for observation.

43 females persuaded to attend general practitioner.

32 males persuaded to attend general practitioner.

27 cases investigated proved to be caused mainly by neighbours' quarrels.
Differences adjusted in many cases.

25 cases—arrangements were made for elderly, mildly confused patients to be admitted to Manor Hospital.

Prevention.

A lady approaching 50 years of age was being a great nuisance to her friends and neighbours. She would enter their homes and settle herself therein for a long talk about her imaginary ailments—often about her supposed state of pregnancy and also she thought she was suffering from a malignant growth. Arrangements were made for her to attend a Psychiatric Out-Patient Clinic. She is still attending and responding well to treatment and with frequent visiting and the support of the Mental Welfare Officer is now more subdued and less demonstrative about her ailments.

A young man, who is a University student, was found to be wandering aimlessly around the town at night during vacation time. He said he was seeking help but was unable to explain why he required help. He stated that he was in the habit of walking around at night, especially in bad weather but would stay in bed for most of the day. He had decided not to resume his studies when the University re-opened. However, after a few lengthy visits to the home and consultations with parents, the youth changed his mind, returned to his studies and is making an effort in conforming to a more normal way of living.

A European woman, living with her schoolgirl daughter, was notified to this Department when she had repeatedly failed to send her daughter to school. The patient, a highly intelligent person, had already had recourse to a psychiatrist. Early attempts to gain admittance to her house were of no avail, her temper was quickly aroused when she would shout abuse through the letter box. She was convinced that friends, neighbours and social workers

were in league to have her evicted and take her child from her. After prolonged efforts the mental welfare officer eventually persuaded her to open the door and then began the task of breaking through a facade of antagonism with threats of violence. It was found that the patient's present psychological conflict was largely the result of desertion by her husband who now holds a position of responsibility overseas, and will almost certainly not return to her. The position now is not at all satisfactory. The flat is in a very neglected state and the patient herself has neglected her appearance and never goes out. The child, now aged 11 years, is always clean and well nourished. She has plenty of toys and books and attends school regularly. The patient remains suspicious and refuses offers to have her flat cleaned. Although she is not lazy she cannot bring herself to clean it and uses large quantities of disinfectant fluid. She is visited by the same mental welfare officer who is trying to persuade her to accept other visitors. Various services of a welfare nature are undertaken and the situation remains a source of some anxiety.

A middle-aged man has lived with his wife and a mistress in the same house for fifteen years. Of this marriage and extra-marital union there have been twelve offsprings. Over a number of years he has lapsed into a paranoid state on many occasions and as a result has refused to attend his work, his doctor, sign at the Labour Exchange or receive any monies due to him or his family. On several occasions the mental welfare officer has been able to restore him to full employment. He has been unemployed for almost a year and refuses to leave the house or to comply with the simple requirements needed to obtain the benefits of social insurance for his family. Although the patient has received psychiatric treatment in the past, he is now unwilling to attend an Out-Patient Clinic or to enter hospital. As there is no danger in the situation, compulsory action under the Mental Health Act, 1959, is not recommended. The mistress and the two eldest sons are working and contribute to the family needs. The children are invariably well clad and well nourished and contact with patient and family is maintained.

A young epileptic man with a history of hospitalisation was causing his mother some concern as he was becoming rather irritable and aggressive. The man had never been employed satisfactorily and in the summer months spent a lot of time in the garden. One reason for the failure to employ the man had been his unwillingness to take jobs within his capacity. He said he wished to be a bank clerk or a shop assistant, work for which he was in no way suited. Following attendance at a psychiatric out-patient clinic the man became amenable and visited the Disablement Resettlement Officer by arrangement made by the mental welfare officer. The man is now employed in a large wholesale warehouse and leading a full and active life.

Observation and Care.

The Mental Welfare Officers made 2,417 visits and dealt with 1,107 cases as follows:—

313 cases persuaded to enter hospital as informal patients.

129 cases reported and no compulsory action taken.

155 cases requiring emergency admission to hospital—Section 29 of the Mental Health Act, 1959.

44 cases requiring admission to hospital for observation—Section 25 of the Mental Health Act, 1959.

14 cases requiring admission to hospital for treatment—Section 26 of the Mental Health Act, 1959.

305 mental patients:

Claiming of wages, National Insurance, National Assistance, Disability Pensions, Retirement Pensions, Unemployment Benefit, general welfare inquiries, the storing of personal property and communications with distant relatives on their behalf.

59 male patients helped to settle domestic affairs.

88 female patients helped to settle domestic affairs.

After-Care.

The Mental Welfare Officers made 982 visits and dealt with 619 cases as follows:—

50 males were returned to regular employment.

12 males were found new lodgings.

18 females found new lodgings.

27 females were returned to regular employment.

70 males kept under constant supervision.

79 females kept under constant supervision.

66 males re-admitted to mental hospital.

70 females re-admitted to mental hospital.

2 males persuaded to attend rehabilitation centre.

8 males found change of employment.

5 females found change of employment.

23 males persuaded to continue with out-patient treatment.

32 females persuaded to continue with out-patient treatment.

151 cases visited at regular intervals.

5 reconciliations effected.

1 female sent to convalescent home.

Care.

A man aged 46 years who has a severe physical disability and has also been in the psychiatric hospital on several occasions. He is unable to move around unaided and his speech is slurred and at times he is incoherent. Naturally he becomes frustrated and irritable, so much so, that periodically he could not be controlled at home and it was again necessary for him to be admitted to hospital. These occurrences had become so frequent that his wife was also on the point of a severe nervous breakdown. It was found necessary to have both admitted to the same hospital until conditions improved and they could return home to live again amenably.

A sixty-year-old lady whose mildly psychotic behaviour is more a source of irritation to her relatives than a serious problem, lives with a sister and brother-in-law. The sister, who appears to be rather dull mentally, cannot understand the needs of the patient and consequently the unpleasant situation in the home requires intervention by the mental welfare officer who is invariably successful in restoring harmony. Attempts have been made to persuade the patient to find other accommodation but these have broken down because the sister who cannot make up her mind whether or not she wants the patient, always turns her against the project at the crucial moment. Attempts to arrange hospital care for the patient have met with the same result.

A middle-aged lady, separated from her husband, and considered incapable of caring for her three children who are in a Children's Home was suffering from a depressive illness. This lady is easily exploited and although advised to the contrary, spends considerable sums of money on horoscopes and charms, etc. She likes to be helpful but does not understand when her presence is not desired. She is often seen in hospital out-patient departments where she has 'escorted' other patients. She is in regular contact with the mental welfare officer who treats her with the utmost care because any overt suggestion that she could be interfering in other people's affairs will quickly lead to a period of depression in which she can become actively suicidal. This patient receives regular visits from the mental welfare officer in order that she can be constantly reassured.

A middle-aged lady, living alone, was referred to the Mental Health Department on many occasions by her neighbours and the police due to her eccentric and unstable behaviour. This lady responds rather hysterically to stress situations and is emotionally unstable. She has had the misfortune to have been deserted by her husband, who does, however, contribute to her maintenance, but as she has great difficulty in attending her work, the maintenance of her home is altogether too great a responsibility for her. Following many unfruitful attempts by the mental welfare officer to secure a sufficiently tolerant lodger, a widow, who herself has been ill, now lives with the lady, who, after much encouragement, appears to be able to come to terms with the rather unstable environment. As a result, with careful supervision and help, both are able to lead a reasonably secure life.

A young boy of three years was referred to the Mental Health Department by the Health Visitor as he was becoming extremely destructive and making such noises that no-one in the house could sleep at night. The boy lives with his mother in rooms which are part of a large house and the landlord who is a friend of the mother, although sympathetic, was most worried at the damage caused by the boy. The boy was assessed by a psychologist and found to be severely subnormal. Matters became acute as the mother had to cease work to care for the child as friends could no longer manage him. Mother had to be supported by the National Assistance Board and as wooden cots were quickly destroyed by the boy a metal cot was very kindly loaned by a local Hospital Management Committee. As the boy has grown older, he has become more difficult and although mother has been given notice on numerous occasions this has always been avoided after much discussion. A period of short term care in hospital was arranged to give the household some relief, and now the problem is much less acute as the boy attends the Special Care Unit recently opened by the Local Health Authority from the hours of 9.30 a.m. to 3.30 p.m. and mother is once again trying to obtain employment.

After-Care.

An elderly man recently retired from work was unable to adjust himself to retirement. He had worked all his life on the railway and obviously enjoyed it. He developed ideas that Dr. Beeching was plotting against him and was responsible for him losing his job. He became bad tempered and irritable at home. Eventually his wife was unable to cope with the situation and he was admitted to hospital. There is now a considerable improvement and he is gradually getting things into perspective. He has been discharged from hospital and is attending an Occupational Therapy Unit two days per week.

A middle-aged lady was companion to an elderly lady for some years. She became mentally disturbed but was carrying out her duties normally. She developed ideas that her belongings were not really her own. She gave most of her possessions away and eventually became quite mentally deranged. She was admitted to a psychiatric hospital where she responded well to treatment. Most of her belongings were recovered and on being discharged from hospital she was assisted into new living accommodation and eventually into another job where she is progressing satisfactorily.

An Italian lady, who has been deserted by her Polish husband, suffered a delusional illness and has received treatment at Kingsway Hospital on several occasions. She has a boy, now at work, and two girls at school. Shortly after her husband left her she developed ideas that her elder daughter was having sexual relations with him. After several interviews it was found that her suspicions were aroused when the girl, having been received into a Secondary Technical School, now left home earlier and arrived home later, because she had a longer journey with bus connections to be made in town. After this was fully explained to the patient she became more reasonable for a while but later her delusions returned in a religious form so that she felt that the child was dirty and contaminated. Her treatment of the children necessitated further compulsory admission to hospital where she received treatment and was again discharged. Her condition was much improved, but she is considered unfit to care for her children who are in the care of the Children's Committee. After-care is difficult owing to her antagonism towards visitors but every effort is made by the mental welfare officer to maintain contact with her.

A basically inadequate young man had slipped into alcoholism. His wife, who is Scottish, showed excessive anxiety about the position of the family which she felt was due to his lack of interest and consideration. The patient had been off alcohol for almost four years and he left his wife and their two young children in Scotland whilst he settled in a new job in Derby and found a house for them. During this period he commenced to drink again. He procured accommodation which left much to be desired, spent the family savings and ran into debt. The patient's wife and family arrived in Derby to find that he had been offered a bed in hospital and was eager to be admitted. His wife, with some justification, objected strongly to this. She was in a poor house, in a strange town, and apart from the worry of her two children, she was expecting confinement within a week. She felt that all the social workers concerned with her husband's treatment were pandering to his needs and ignoring her own. Although help was offered and arrangements made to ameliorate her situation, her anxiety had assumed pathological proportions so

that she was unable to fall in with any plans presented to her. Her husband's admission was effected and through the help of the Health Visitor and the Children's Department, her baby was born in a Maternity Home. At this stage her husband was prematurely discharged as it was felt that she should not return home without help and company. He was considerably improved. Unfortunately the baby lived only for a few days and much care and understanding was then needed in working with both the patient and his wife. The husband is again in need of in-patient treatment and the mental welfare officer hopes to persuade the wife into accepting her mother's offer of a place for the family without endangering the unity of the family.

A man was admitted to a psychiatric hospital suffering from amnesia. He quickly recovered his memory whilst in hospital, was discharged from there, and referred to the Mental Welfare Officer. The man was found living accommodation but on discharge from hospital was found to have no luggage or means of support. He was helped by the National Assistance Board following an appeal by the mental welfare officer. The man had lost his luggage on a train somewhere between Manchester and Blackpool. Following enquiries made at British Railways, and much to everyone's surprise, the luggage was delivered free of charge to Derby despite the most inadequate dates and description given as reference. With the return of the luggage, employment was secured for him as a van driver, but confirming a rather poor long term prognosis by the psychiatrist, the man was independent and self-supporting for three months but then left secure work abruptly and without notice left his rooms.

A family situation was referred by a general practitioner. The family consisting of middle-aged parents and an adolescent boy were experiencing a breakdown in inter-personal relationships. The problem presented itself when the wife complained to the doctor that her husband was becoming most intolerant and abusive towards her and the son. She was of the opinion that her husband required psychiatric treatment. On interview the wife unfolded a long and complicated history of family disturbance due to the irrational behaviour of her husband. This behaviour she said had already had a detrimental effect upon the performance of the boy at school in the past which had necessitated the boy attending a child psychiatrist and she was concerned that it should not occur again now that he was on the verge of going to University. During the mental welfare officer's visits to the house the patient was always to be found in bed, and would shout from above that he did not wish to see anyone about anything, and then would make an appearance and proceed in prolonged and often heated discussion to argue the causes of disturbance in the family. It was eventually agreed by husband and wife that the sufferer in these disturbances was the son. A psychiatrist was invited to the home in an attempt to ease the tension there. The psychiatrist interviewed all three people involved over a period of a few weeks and was of the opinion that the outbursts of the father, whilst rather irrational and exaggerated, were this man's method of protesting at the close emotional bond between mother and son, which was in his opinion pathological. The boy was encouraged to break free of his mother's dominance and this led to the father becoming reasonable and amenable.

A woman, aged 60 years, was admitted to the Derbyshire Royal Infirmary following an attempt at suicide by taking an overdose of drugs. She was

seen by a psychiatrist but it was not considered that admission to a psychiatric hospital was indicated in this case, but the patient was given a long period of recuperation at a convalescent hospital. The psychiatrist felt that the home circumstances were responsible for her attempt at suicide, as she had the responsibility of caring for her husband who is a chronic non-ambulant invalid. Husband and wife were found to have had a poor relationship for some time and the woman found it more and more difficult to care for her husband although, owing to his dependence upon her, she felt it to be her duty. The Home Nursing Service had been helping but now, following discussion with the sons and daughters of the woman, more practical help and support was forthcoming to aid in the care of the father and although relationships between man and wife are somewhat improved, discussion and attendance at a Psychiatric Out-Patient Clinic appears to have given the wife the capacity to help her husband and live in comparative harmony with him.

**NATIONAL HEALTH SERVICE ACT, 1946, AND MENTAL HEALTH ACT, 1959.
MENTAL HEALTH STATISTICS FOR 1965.**

		MENTALLY ILL						PSYCHOPATHIC						SUBNORMAL						SEVERELY SUBNORMAL						TOTAL SUBNORMAL & SEVERELY SUBNORMAL		GRAND TOTAL OF COLS. (1)—(16)	
		Under age 16			16 and over			Under age 16			16 and over			Under age 16			16 and over			Under age 16			16 and over			Under age 16	16 and over		
		M.		F.	M.		F.	M.		F.	M.		F.	M.		F.	M.		F.	M.		F.	M.		F.				
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)									
1. (a)	Admissions to guardianship during the year.	GUARDIAN																										1	—
		L.H.A. ..																								1			
		Other ..																								—			
(b)	Total number under guardianship at end of year.	L.H.A. ..												2						3						5		6	—
		Other ..																								—			
																										—			

[illegible]

3. Number of children under age 16 attending day or residential training centres who have not been included in item 2 because they do not come within the categories covered in columns (1) to (16) — NIL.

NUMBER OF PATIENTS AWAITING ENTRY TO HOSPITAL OR ADMITTED FOR TEMPORARY
RESIDENTIAL CARE DURING 1965.

REFERRED BY	MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTAL SUBNORMAL & SEVERELY SUBNORMAL		GRAND TOTAL OF COLS (1)—(16)
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)		(19)
1. Number of patients in L.H.A. area on waiting list for admission to hospital at 31/12/65.																			
(a) In urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	5	1	2	3	6	5	11	
(b) Not in urgent need of hospital care	—	—	—	—	—	—	—	—	—	1	—	1	—	5	2	1	8	9	
(c) TOTAL	—	—	—	—	—	—	—	—	—	1	—	6	1	7	5	7	13	20	
2. Number of admissions for temporary residential care (e.g. to relieve the family).																			
(a) To N.H.S. hospitals.. ..	—	—	—	1	—	—	—	1	1	2	6	8	8	7	7	18	22	41	
(b) To L.A. residential accommodation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(c) Elsewhere	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(d) TOTAL	—	—	—	1	—	—	—	1	1	2	6	8	8	7	7	18	22	41	

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER, 1965.

REFERRED BY	MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTAL SUBNORMAL & SEVERELY SUBNORMAL				GRAND TOTAL OF COLS. (1)---(16)
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16	16 and over			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.							
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)			(17)	(18)	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		
(a) General practitioners	—	—	67	122	—	—	—	—	—	—	—	—	5	3	—	7	8	7	204		
(b) Hospitals, on discharge from in-patient treatment	—	—	132	189	—	—	—	—	—	2	—	4	1	—	—	1	3	5	329		
(c) Hospitals, after or during out-patient or day treatment	—	1	113	165	—	—	—	—	1	2	2	—	1	—	1	1	4	4	287		
(d) Local education authorities	—	—	—	—	—	—	—	—	3	1	2	—	3	6	—	—	13	2	15		
(e) Police and courts	—	—	53	31	—	—	—	—	—	—	3	4	—	1	—	—	1	7	92		
(f) Other sources	—	—	84	102	—	—	2	—	3	1	3	3	6	9	2	2	19	10	217		
(g) TOTAL	—	1	449	609	—	—	2	—	7	6	10	11	16	19	3	11	48	35	1,144		

NATIONAL HEALTH SERVICE ACT, 1946.

MENTAL HEALTH STATISTICS FOR 1965.

PREMISES PROVIDED AT 31st DECEMBER, 1965.

AGE GROUP PROVIDED FOR	MENTAL CATEGORY PROVIDED FOR	DAY TRAINING CENTRES			RESIDENTIAL TRAINING CENTRES		SOCIAL CLUBS OR CENTRES		HOMES OR HOSTELS	
		Number of centres	Number of places		Number of centres	Number of places	Number of clubs or centres	Number of places	Number of homes or hostels	Number of places
		(1)	Jun (2)	Adt (3)	(4)	(5)	(6)	(7)	(8)	(9)
1. Under 16	(a) Mentally ill	—	—	—	—	—	—	—	—	—
	(b) Mentally subnormal	—	—	—	—	—	—	—	—	—
2. 16 and over	(a) Mentally ill	—	—	—	—	—	—	—	—	—
	(b) Mentally subnormal.. ..	—	—	—	—	—	—	—	—	—
3. Juniors and Adults ..	(a) Mentally ill	—	—	—	—	—	—	—	—	—
	(b) Mentally subnormal	1	90	—	—	—	—	—	—	—
4.	TOTAL	1	90	—	—	—	—	—	—	—

**Number of Local Health Authority Staff in certain Categories
at 31st December, 1965.**

Grade.	Qualifi- cations.	In post at 31/12/65.			Vacancies on establishment at 31/12/65.		
		Number of whole- time officers.	Part-time officers.		Number of whole- time officers.	Part-time officers.	
			Number.	Whole- time equivalent.		Number.	Whole- time equivalent.
A. TRAINING CENTRES.							
(1) Organisers	(a)	—	—	—	—	—	—
	(b)	—	—	—	—	—	—
(2) Supervisors							
(i) in charge of junior training centres.	(a)	—	—	—	—	—	—
	(b)	—	—	—	—	—	—
(ii) in charge of adult training centres.	(a)	—	—	—	—	—	—
	(b)	—	—	—	—	—	—
(iii) in charge of joint or both junior and adult training centres.	(a)	1	—	—	—	—	—
	(b)	—	—	—	—	—	—
(3) Assistant Supervisors (not including nursery attendants or domestic staff)							
(i) working primarily with children.	(a)	1	—	—	—	—	—
	(b)	2	7	—	2	—	—
(ii) working primarily with adults.	(a)	—	—	—	—	—	—
	(b)	2	—	—	—	—	—
(iii) other than (i) or (ii) above.	(a)	—	—	—	—	—	—
	(b)	—	—	—	—	—	—
(4) Trainee Assistant Su- pervisors (not including nursery attendants or domestic staff)							
(i) working primarily with children ..	—	1	—	—	—	—	—
(ii) working primarily with adults ..	—	—	—	—	—	—	—
(iii) other than (i) or (ii) above ..	—	—	—	—	—	—	—
(5) Home Teachers							
(i) working with chil- dren only.	(a)	—	—	—	—	—	—
	(b)	—	—	—	—	—	—
(ii) working with adults only.	(a)	2	—	—	—	—	—
	(b)	—	—	—	—	—	—
(iii) other than (i) or (ii) above.	(a)	—	—	—	—	—	—
	(b)	—	—	—	—	—	—
B. HOMES/HOSTELS.							
(1) Wardens	—	—	—	—	—	—	—
(2) Others (excluding domestic staff) ..	—	—	—	—	—	—	—

Grade.	Qualifications.	In post at 31/12/65.			Vacancies on establishment at 31/12/65.		
		Number of whole-time officers.	Part-time officers.		Number of whole-time officers.	Part-time officers.	
			Number.	Whole-time equivalent.		Number.	Whole-time equivalent.
C. MENTAL HEALTH SOCIAL WORKERS.							
(1) Senior posts, including all officers having supervisory or other special responsibilities.	(a)	—	—	—	—	—	—
	(b)	1	—	—	—	—	—
	(c)	—	—	—	—	—	—
	(d)	—	—	—	—	—	—
(2) Social workers, excluding officers included in (1) above.	(a)	—	—	—	—	—	—
	(b)	1	—	—	—	—	—
	(c)	1	—	—	—	—	—
	(d)	2	—	—	—	—	—
(3) Trainee Social Workers	(i)	1	—	—	—	—	—
	(ii)	1	—	—	—	—	—

Dr. Hunter, Medical Superintendent, Kingsway Hospital, Derby, holds a weekly meeting each Monday, at which his medical staff, the occupational therapists, the hospital social workers, representatives of the Ministry of Labour and the mental welfare officers are present. The admissions and discharges during the previous week are discussed and information exchanged regarding patients as to their future, after-care and rehabilitation in civil and industrial life. In between meetings the Superintendent maintains contact by seeking the aid of the mental welfare officers with regard to any enquiry he wishes to be made and by obtaining and forwarding to him any patient's social history.

By permission of the Medical Superintendent, the mental welfare officers are allowed to see patients on any day with a view to relieving them of domestic, financial and other matters which may be causing them concern. Co-operation is readily given by all concerned.

Thanks are tendered to the Medical Superintendent, Medical Officers and Staff of Kingsway Psychiatric Hospital, the Children's Officer, Chief Executive Officer, Welfare Department, and also to the general practitioners and police for their help and co-operation in carrying out the difficult duties under the Mental Health Act, 1959.

The help and co-operation of all sections of the Ministry of Labour, also that of the National Assistance Board and the Ministry of National Insurance and Pensions, is greatly appreciated, also that of the W.V.S. for supplying meals and clothing to special cases.

Subnormal and Severely Subnormal Patients.

GUARDIANSHIP AND SUPERVISION.

Thanks are tendered to the Medical Superintendent, Dr. R. O. Milner, Dr. S. Davies, and Staff of Aston Hall Hospital for their help and co-operation in carrying out the duties concerned with the examination and care of the sub-normal and severely sub-normal patients.

At the end of 1965 there were 407 sub-normal or severely sub-normal persons under supervision, 75 being under the age of 16 years.

Of the total number of sub-normal cases, 96 were in employment, 63 were attending the Junior Training Centre, 107 were at home.

213 Derby cases were in 27 different hospitals throughout the country.

The Mental Welfare Officers carried out 1,396 domiciliary visits during the year and six cases were found to be socially stabilised and no longer in need of care.

As a result of these visits it has been possible to assist many sub-normal cases in employment, domestic and financial problems.

IVY HOUSE TRAINING CENTRE

Report by Miss V. M. Robinson, Supervisor

There are sixty-six "children" attending the Training Centre: of the thirty-four boys, 16 are over 16 years of age. The girls are equally divided, 16 over and 16 under the age of 16.

During the year, four boys and four girls were admitted. Two children left the district; one was admitted to Aston Hall Institution and one boy, whose widowed mother is now over eighty, has been withdrawn to assist her in the home.

The past year has been a somewhat difficult one at Ivy House. There was a good deal of illness, particularly amongst the young children. Scarlet fever, measles and German Measles caused a good deal of absence amongst children and staff from mid-March to early June.

Two teachers left at the end of July: one after 11 years and the other after five years. The sudden death of the caretaker at the end of December was a great loss to staff and children alike.

The articles made by the two senior groups continue to find a ready market. In addition to the mops, chamois leathers and link mats made by the boys, regular orders came in for picture-framing and we have a waiting list for the hand-carved fruit dishes. Dish mops and plastic-covered coat hangers are two new products and the making and seating of fireside stools has been re-introduced. Following our sale of handiwork in the Autumn of 1964, so many orders were placed for replicas of articles on view that the senior girls have been kept busy with embroidery right through the year. A new craft—the making of fleecy-lined mitts has kept a group of girls busy for weeks.

We have had a great many visitors during the year: Doctors and Student Nurses from the Children's Hospital, Student Midwives and Trainees from the Day Nurseries, to mention a few.

The Christmas Concert of 14th December and 15th December was very well attended on both days. Because of the increased number of tiny children, the Christmas Party was divided to cater for all the young ones on one day with something more sophisticated for the seniors on the following day.

Our seaside outing to Colwyn Bay coincided with the visit of the Duke of Edinburgh to the town and this added to the success of the outing which, as in previous years, was well attended.

VIII.—SOCIO-MEDICAL WORK

Report by Mr. R. L. Carabine, Senior Social Caseworker.

I should like to commence this report for 1965 by making what may appear to be several commonplace remarks in the hope that they may more easily illustrate what it is we are seeking to do in this section of the Health Department and how we hope to do it.

Health is a key factor in our daily life, the slightest feeling of being one degree under imposes on our physical and emotional ability. Strangely, the most well balanced of us whilst recognising that we are "off colour" frequently fail to make allowance for this in our daily situations and often react unwisely to the most trivial stimuli.

Prolonged irritation brought about by a situation which we are unable to resolve has an effect on our health which in turn imposes further on our emotional and intellectual ability and thus we are away on a vicious circle which, fortunately, for most of us is broken at a relatively early stage.

Two aspects of community life to-day however point to the increasing difficulty many people find in breaking this vicious circle, the vast amount of palliative drug taking and the calls being made on General Practitioners.

Reference to our report for 1964 will remind the reader that we are particularly concerned to establish a closer and more effective relationship with General Practitioners for it is our belief that their surgeries offer the opportunity of devising and putting into operation an early warning system for the detection of socio-medical breakdown. Our experience also suggests that the doctor in general practice is frequently confronted with ills that mask an underlying social problem and if preventive social work is to play an active role it is surely here.

Development of this closer link up between doctor and social worker has been most encouraging throughout 1965, and by the close of the year twenty General Practitioners were able to call on a trained social worker whom they knew personally, as opposed to a voice at the end of a telephone, and with whom they have regular discussions within the surgery.

This method of attaching a particular social worker to several doctors has paid handsome dividends since it leads to a more intimate and personal relationship and has resulted in a marked change in the referral of patients requiring help.

To back up this personal attachment every effort is made to ensure that clients referred from other sources, e.g. hospitals, clinics, statutory and voluntary agencies, are allocated to the social workers covering the General Practitioners on whose lists they are. This is of immediate benefit to the client and to the worker for it allows a pooling of knowledge from the outset.

To what extent has this liaison with general practice produced results? Numerically speaking there is no doubt for, though the service is still only developing, the doctors concerned gave us more work than any other single source. The main answer to the question lies however in the nature of the

problems revealed and their complexity. At the outset it was anticipated that certain group problems might come to us quicker than hitherto, we had in mind those members of the community who tend to live more isolated lives, the bed-sitter population, the near chronic and chronic sick and those whose temperament and personality lead easily to withdrawal. We thought it likely too that the unmarried girl in whom pregnancy was suspected may welcome an earlier opportunity to discuss her difficulties.

These suppositions have in fact been confirmed to a greater or lesser degree but the rough analysis, which is all that has been possible, shows a high percentage of cases presenting personality and inter-relationship difficulties affecting marriage, employment, and general social integration. Some of these have been of a tragic nature and most have been so emotionally exhausted as to be capable of "negative" thought processes only. In age they have ranged from the young marrieds, where sexual inexperience and failure to adjust have been marked features, to the middle aged. There have, of course, been those cases where the demands of a dependent elderly relative has been the root problem.

Patients whose exhaustion has left them incapable of reasoning logically have required considerable time, for they have almost invariably been thinking destructively. To illustrate, we can take the case of a man in his mid forties who, normally conscientious in time keeping and attendance at work, failed to appear either there or at home for a couple of days. Investigation revealed that for several years he had been under increasing strain in his job which left him so mentally and physically tired that he became uncommunicative at home. His wife and children, failing to appreciate the circumstances of his employment, had tended to ridicule his silence and habit of sleeping in the evening, thus driving him into an even greater withdrawal. His eventual breakdown due to these combined stresses did not entirely convince his wife who, perhaps understandably, suspected that his absence due to "loss of memory" was in fact occasioned by other activities. The caseworker's efforts here were largely directed to counteracting this "destructive" process and enlightening the family as to the true situation, an effort which was successful.

In another similar case a man in late middle age resigned a job he had held for twenty years and, as far as his employers were concerned, disappeared "into the blue". His nervous exhaustion was due to unsatisfactory home circumstances and though a reconciliation was brought about, and his employment renewed, the habit each had acquired of denigrating the other has led to a lack of perception which does not augur well for the future.

A further example was that of a woman, again in late middle age, whose depression was markedly severe. Reticent and lacking confidence, it was with some effort that it was eventually learned that her long and happy marriage had been strained by a brief infidelity on the part of her husband. Our role here was that of enabling her to accept this brief episode and by emphasising the positive aspects of her marriage assist her to adjust.

One of the great advantages the medical-social worker has in undertaking this work lies in being closely associated with the doctor. A patient seen at the surgery, or referred by the doctor in a manner that implies a partnership of effort, is greatly helped by this assurance of confidence on the part of the doctor. This can be vital in the early detection of social factors, particularly

where the patient is of a sensitive nature and/or the experience has been of a traumatic or intensely personal nature.

It is appropriate to comment at this stage on the fact that the overwhelming majority of cases coming in this way from General Practice do not fall into the well defined groups around which there centres at the moment so much discussion. All social agencies are aware, or should be by now, of the needs of the social problem and chronically inadequate families, and whilst it is right that we should seek to improve our methods of dealing with these groups, there does appear to be a danger of our becoming obsessed with this relative minority to the detriment of the rest of the population.

It has long been recognised that a high percentage of general practice patients are suffering from psychoneurotic conditions and it is possible that many of these have arrived at this point as a result of the "hardening" of personal situations which have been beyond the capacity of the individual or family. Whilst little may be achieved in the treatment of these patients a great deal can be done to prevent this condition arising. The sincere and not unintelligent youngster of 18 years whose baby had been placed for adoption and who yet displayed all the signs of guilt and need could have, if neglected, become so neurotic as to go on to a second or even third pregnancy outside marriage. The caseworker who gaining an insight into this youngster's needs found her employment which met them fully, did more than this—she restored to this girl that self respect and confidence without which one so young and intense might well have gone to pieces. To give point to this we are at this moment being requested to assist a woman in her late twenties who though unmarried has had three pregnancies—is completely isolated from family and erstwhile friends and generally presents a picture of a typical neurotic.

The impetus within the medical profession towards "Grouping", and the re-appraisal nationally of the role of the social worker, convince us that we are on the right lines. Providing we retain elasticity of thought, what we are endeavouring is a logical deployment of the resources of a modern public health department for, it goes without saying that in this, as in all else, we are in close association with our Health Visiting, Nursing, Mental Welfare and Health Inspector colleagues.

Before proceeding further some comment on the staff situation which prevailed during the year is required. During the early part we were assisted for three days per week by a male National Certificate Student who since he was completing his final period of training was able to undertake a fairly comprehensive case load. We lost one full time worker due to a domestic move but were able to welcome back Mrs. Hammond, a previous colleague to half time work. Later in the year Mrs. Holmes had to reluctantly request a three day week but we were strengthened by the recruitment of Miss Jones who came to us from the Edinburgh medical-social work course. Miss Collins who had been with us for over two years as our trainee, departed in September for the London Polytechnic National Certificate course. Welfare trainees from the Council's entrance scheme have been with us and we had several requests from the Universities for student places not all of which we could meet. There is an urgent need for a further male worker in this section and a review of salary gradings is long overdue in order that a career can be offered to such a worker.

Diagnosis (Medical).

Cancer	109
Cardiac and Circulatory	105
Chest Conditions	134
Debility	21
Diabetes	20
Gastric Conditions	30
Skin Conditions	7
Orthopaedic	30
Gynaecological	11
Tuberculosis	65
Mental Stress	125
Neurological	45
Paraplegic and Hemiplegic	26
Rheumatism and Arthritis	32
Epilepsy	6
Pregnancy	41
Ophthalmic	12
Other Conditions	130
Senility	20
Geriatric	9

Convalescence.

Fifty-nine patients were sent for convalescence.

IX.—MISCELLANEOUS

REPORT ON THE HOME NURSING SERVICE

by Miss D. M. Clewes, Supervisor of Home Nurses.

As a point of interest it is noteworthy that the report on the Home Nursing Service comes under the heading "Miscellaneous". It would not be possible to put this service under a more apt heading, for the duties expected from the nursing staff truly "consists of several kinds". It is the variety which makes the work interesting and it is because of this variety that the nursing staff are so aware of the need for auxiliary services. Until there is an adequate number of bath attendants to attend to the elderly and a night nursing service to give assistance to relatives caring for patients whose illnesses are of a duration, this will remain an incomplete service. It is hoped that in the not too distant future this state of incompleteness will be rectified. Although a degree of dissatisfaction has been expressed, there is good cause for jubilation for it was on the 29th March, 1965, that the Domiciliary Exfoliative Cytology Service commenced. In the nine months this service has been in operation 860 women have had cervical smears taken in their own homes. The women of Derby are most fortunate in having this unique service and it is hoped that they will appreciate the value and take advantage of it.

Total number of persons nursed during the year	...	...	...	1,399
Number of persons who were aged under five years at first visit in 1965				23
Number of persons who were aged 65 years or over at first visit in 1965				823
Total number of visits made during 1965	...	...	...	65,194

During the year a total of 718 items of home nursing equipment were loaned to the public including bed pans, mac sheets, backrests, hoists, etc.

CYTOLOGY

A new Cytology Clinic for healthy women was opened in November, 1964. This service is very much appreciated by the women in the town and there is certainly no lack of patients. The clinic is staffed by a Consultant Gynaecologist, a State Registered Nurse, a Health Visitor and two clerks. The waiting time has been cut down to a minimum and on average about four women are seen every quarter of an hour. An appointments system ensures smooth administration. It is considered essential to have a Health Visitor in charge of the clinic. Whilst the women are waiting, they are given the option of being instructed in how to examine their own breasts for lumps. Visual aids and demonstrations are used for this purpose. It is hoped, in the next year or two, to compile data regarding the frequency of lumps and subsequent investigation following this practice of self examination of the breasts. No undue difficulties have been met in running the clinic but it must be stressed that the success of this venture lies entirely in the hands of the Health Visitors who consistently bring the service to the notice of women in the town.

NOVEMBER 1964 TO DECEMBER 1965

Number of women examined	...	...	1,951
Number of smears taken including repeats			2,033
Number of positive smears	...	...	14
Number of doubtful smears	...	...	82
Positive rate per 1,000 women	...	...	7.17

It was soon realised that certain women were unable, for various reasons, to attend the Cytology Clinic and it is also known that the incidence of cervical cancer is highest in social class group 5. Accordingly, a Domiciliary Service was inaugurated in order to carry out the smear tests in the patient's own home. All the female Home Nurses were trained to take tests and now this service is regarded as a normal part of a Home Nurse's duty. On average, a nurse is capable of doing five tests in two hours. These women are visited by the Health Visitor and the service is fully explained to them and they are also strongly advised to have the test done. If the woman consents, the Health Visitor passes on the name and address to the Superintendent of Home Nurses who then arranges for a Home Nurse to call. This is a selective service and again it relies upon the knowledge of the Health Visitor of people in her area who fall within this social group or who have other problems necessitating a home visit. That such a service is worthwhile is borne out by the fact that the positive rate per 1,000 women examined is 23.4 compared with 7.17 at the clinic.

Domiciliary Service

29TH MARCH TO 31ST DECEMBER, 1965

<i>Exfoliative Cytology Service</i>	<i>Domiciliary</i>	<i>Factories</i>
Number of women examined	920	41
Number of smears taken including repeats ...	946	45
Number of positive smears	22	Nil
Number of doubtful smears	69	4
Positive rate per 1,000 women examined at home	23.4	Nil

If the test is negative in the first instance, women are again tested at the end of twelve months and if again negative then every five years.

OCCUPATIONAL THERAPY

Report by Mrs. E. M. Bentley, Senior Occupational Therapist.

During 1965 the Occupational Therapy Unit has continued to expand and has fully justified the engagement of a part-time Occupational Therapist as an addition to the staff.

Although an Open Day was held at the Unit on October 28th, primarily to focus the attention of General Practitioners on the service, the attendance was most disappointing, especially to patients who were in attendance to demonstrate their treatments.

In the past few months it has been possible to provide Industrial Therapy for a few of the patients and their response has underlined the urgent need for the early introduction of a sheltered workshop.

An innovation this year was the use of a stationary bus to enable physically handicapped patients to practise boarding and alighting from the vehicle. They found the sessions very useful and it is hoped to arrange further sessions in the Spring. The underlying objectives of this are (a) that the patients will become more independent and self reliant, and so encourage them to use public transport and (b) by doing so they will lighten the burden of the Ambulance Service. We wish to record our grateful thanks to Mr. J. E. Frith and Mr. A. E. Whittall for providing the facilities for this.

The outstanding event of the year was the visit of His Worship the Mayor, Councillor W. H. Bonell, to the Unit, accompanied by Mr. J. F. Harding. A sequel to this visit was a gift of £10 from the Mayor's Fund to meet the cost of a bus outing to the Peak District for 41 patients. In order that the cost be kept to a minimum, all refreshments were prepared by the patients, including the baking of cakes for a picnic tea. Everyone had a thoroughly enjoyable time and even the weather was kind for the occasion. This outing would, of course, have been impossible without the Mayor's gift and we wish to convey our sincere thanks to him for it.

For the second successive year a Christmas Dinner and Party was given to the patients and they again had an enjoyable time. This event and the bus outing were the only social activities of the year for many of the patients, and they were certainly appreciated.

The case of the Epileptic referred to in last year's report has been followed up. She is still holding down the job as a filing clerk and has now become financially independent and socially adequate, so much so, that she now attends evening classes twice weekly for shorthand and typewriting lessons. When she has attained the degree of proficiency required, her employers have promised to transfer her to a more responsible job.

Another successful case history is that of an eighteen-year-old girl with right side paresis coupled with epilepsy, the legacy of T.B. meningitis at the age of nine, when she was a bright normal child. When first attending the Unit in 1963, she was mentally retarded, emotionally unstable and unable to concentrate. In addition, she was boisterous and quarrelsome. After a long, trying time she eventually began to settle down and derived a lot of satisfaction out of taking home articles which she had made at the Unit. At the same time, her behaviour gradually improved until at last she was considered to be capable of work. Unfortunately, the first job proved to be unsuitable and after a week she returned to the Unit in a depressed and disheartened state. Soon afterwards, however, she obtained Christmas work at the G.P.O. which she was able to do. This restored her confidence and after Christmas obtained employment as a lift girl in a local store. The tantrums in which this girl indulged often upset other patients and posed a big problem for the staff, but it is felt that all the trouble involved has now been well worth while.

A case history which is more complicated is that of a husband and wife. The wife suffered from an obsessional neurosis in which she was in constant

fear of losing her husband and son. To add to her imaginary worries her husband was taken ill with Thrombosis. The husband attended the Occupational Therapy Unit for a rehabilitation course when well enough to do so, but was unable to persuade his wife to accompany him. Ultimately he became well enough to resume his employment but his wife's apprehension became more exaggerated and she threatened to commit suicide if he returned to work. Mr. Carabine then obtained an extension of the husband's sick leave and intensive occupational therapy was provided for the wife. Eventually she agreed to attend the Unit with her husband and after another month her condition improved sufficiently for her to allow her husband to resume his employment. She does not now attend the Unit but regular calls are made on her by Occupational Therapists and Psychiatric Social Workers to ensure that her mental condition does not deteriorate again.

Number of patients on Register	...	...	...	68
„ „ „ attending O.T. Unit	...	...	...	20
„ „ „ home visits...	...	...	...	1,402
„ „ „ returned to full employment	...	...	...	7
„ „ „ returned to part-time employment	...	...	...	2
„ „ „ referred for training at Long Eaton	...	...	...	—
„ „ „ transferred to Welfare Department	...	...	...	6

CHIROPODY

During 1965 both Clinics have been fully booked, with a waiting period of eight weeks. Treating mostly elderly people, cancellations are unavoidable at times owing to illness, inclement weather and transport difficulties.

The chiropody service has proved very beneficial to the active elderly, helping them to retain their independence and enjoy life fully. Gone is the pathetic remark "It's a tragedy to grow old". Instead they look forward to visiting the clinic for comfort, and to dispel their little doubts. Most patients are in the 70—90 years age group.

The five handicapped patients who were treated at Boulton Clinic suffered from Talipes Calcaneus and Equinus, Parkinson's Disease and Muscular Dystrophy.

Of the six expectant mothers receiving treatment, one was also treated for Verrucas.

General Practitioners have sent many patients to the clinics during the past year.

**TABLE SHOWING NUMBER OF PERSONS WHO HAVE RECEIVED
CHIROPODY TREATMENT DURING 1965.**

CENTRE	MALE OVER 65		FEMALE OVER 60		EXPECTANT MOTHERS		HANDICAPPED	
	Patients	Treat- ments	Patients	Treat- ments	Patients	Treat- ments	Patients	Treat- ments
RYKNELD ..	80	429	287	1174	1	1	5	20
BOULTON ..	50	208	258	1304	5	17	4	27
TOTALS ..	130	637	545	2478	6	18	9	47

Home Help Service.

Report by Mrs E. C. Baker, Supervisor.

During the year 1965 there were 1,270 new and existing cases compared with 1,160 in 1964 and 1,198 cases were dealt with compared with 1,119 last year.

Details are as follows:—

	No. of applications received.	No. of cases attended.	Assessed at		No. of applications withdrawn.	Assessed at	
			Full Fee.	Reduced Fee.		Full Fee.	Reduced Fee.
Home Helps—Maternity ...	8	5	2	3	3	2	1
Domestic Helps—							
Illness	99	73	46	27	26	5	21
Tuberculosis	9	9	—	9	—	—	—
Aged and Blind ...	1154	1111	152	959	43	9	34
TOTAL	1270	1198	200	998	72	16	56

The detailed comparison for the years 1960–1965 is as follows :

Year.	Applications Received (inc. old cases).	Applications Withdrawn.	Full Fee Charged.	Reduced Fee Charged.	Home Helps Employed.	Attendances Made.
1960	860	57	94	709	100	27,569
1961	936	27	122	787	107	27,081
1962	956	23	120	813	109	26,700
1963	1,103	35	145	923	115	29,657
1964	1,160	41	186	933	130	33,169
1965	1,270	72	200	998	138	33,733

The number of three-hourly attendances made by the Home Helps during the year was 33,733, and 1,410 visits were made by the Supervisor and 1,772 by the Assistant.

During the year there were 461 applications made from the following sources:—

Doctors	...	...	...	...	...	26
Hospitals	...	...	...	...	...	47
Councillors	...	...	...	...	...	3
National Assistance Board	...	...	...	...	...	65
Welfare	...	...	...	...	...	48
Mental Welfare	...	...	...	...	...	5
Social Welfare Service	...	...	...	...	...	23
Health Visitors	...	...	...	...	...	10
Housing	...	...	...	...	...	6
General Public	...	...	...	...	...	205
Blind Welfare	...	...	...	...	...	8
Home Nursing Service	...	...	...	...	...	8
W.V.S.	...	...	...	...	...	2
Children's Department	...	...	...	...	...	5
						<hr/> 461 <hr/>

Below are brief examples of the type of cases we deal with:—

1.—Husband, aged 53 years, chronic T.B. case, to aid the wife aged 52 years who in recent months has suffered considerably with her legs, help has been given to relieve her of some of the burden.

2.—Married woman, aged 34 years, with a family of five children returned home from hospital after undergoing a major operation, to find her husband had deserted her, leaving her with no financial support.

This woman was in a very weak condition, and her domestic troubles added extra stress; this case was one that engendered sympathy, and help was given twice weekly in an endeavour to ease the situation.

However, after being at home for only six to eight weeks her condition deteriorated and she was again admitted to hospital and the family taken into the care of the Children's Department.

3.—An O.A.P. suffering with incurable cancer and bedridden did not wish to go into hospital, so in co-operation with welfare and nursing services a home help was sent in weekly in order to help this woman to stay at her own home.

This O.A.P. is a very pleasant and uncomplaining person, and it is a pleasure to give help to someone of her disposition.

4.—This is a case of two elderly women living together, both infirm, and neither wishing to leave their home (although this was in a very dirty condition because of their incapacity) to go to live in an Old People's Home.

The meals on wheels service has arranged to take them a cooked dinner two or three days a week, and on one of the alternate days a home help has been sent to try to keep their home reasonably clean and cook them a meal.

During the 1965 influenza epidemic quite a number of home helps were absent from duty, either through themselves being sick or their families.

Every endeavour has been made to cover all people who require help, and with the co-operation of the home helps not affected, and careful study of cases, i.e. where help was most urgently required, the organisation has been able to continue to run a smooth and efficient service.

Cremation.

During the year 2,866 cremations were carried out. Of this figure 2,000 were in respect of non-borough residents.

Epileptics and Spastics.

Incidence :—

YEAR.	EPILEPTICS.		SPASTICS.	
	Male.	Female.	Male.	Female.
1956	—	—	1	—
1957	2	3	—	—
1958	1	—	—	1
1959	1	1	1	7
1960	—	1	1	1
1961	3	1	3	2
1962	3	5	1	2
1963	10	4	3	4
1964	5	2	3	5
1965	10	4	9	2
Total number of cases in the Borough (age 0—15 years) known to the Medical Officer of Health at 31/12/65..	30	12	19	23

Spastics.

Blind spastic	...	...	...	...	...	...	1 female.
Maintained in Colonies and Special Homes	...	...			...	...	2 males, 1 female

Partially Sighted Spastics .

One boy, 15 years old.

Epileptics.

Maintained in colonies 2 males, 2 females

Maintained in Part III accommodation provided
by the Council 2 males, 1 female.

Briefly, the facilities available under the local health services for the area are as follows :—

Diagnosis, treatment and assessment are available from general practitioners and hospitals. Children under 15 automatically come to the notice of the School Health Service, and this Service maintains close supervision over the cases and, where necessary, contacts general practitioners and the hospitals in cases of difficulty. Furthermore, there is a local arrangement whereby the School Health Service contacts the Welfare Department at least 12 months before the child reaches the age of 16 years, so that the Welfare Department is brought into the picture at an early age. Responsibility for the liaison between the School Health Service and the Welfare Department has been given to the Senior School Medical Officer, and this arrangement appears to be working quite satisfactorily. The main difficulty with the spastics lies in accommodation, and at the time of writing plans are afoot to see whether a small unit can be provided for those spastic children capable of benefiting from treatment and education.

There is excellent co-operation between the School Health Service and the pediatric services of the hospitals.

Blind Welfare.

The following information is supplied by Mr. L. W. Horton, Chief Executive Officer, Welfare Department.

Number of blind persons on register at 31-12-64	...	...	...	294
New patients added to register during 1965	...	...	...	51
Transfers into the Borough from other areas	...	...	...	2
Number of blind persons reported as having died	...	...	...	33
Transfers out of the Borough to other areas	...	...	...	9
Transfer from Blind to Partially Sighted Register	...	...	...	—
De-certified	...	...	...	1
Number of blind persons on register at 31-12-65	...	...	...	304
Number of children of school age included in above	..	...	...	5
Number of partially sighted persons on register at 31-12-65	...	...	...	81

Details of blind persons on register at 31/12/65 are as follows:—

Age Periods of Registered Blind Persons.

Age.	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Total.
M.	—	—	—	—	—	—	3	1	4	4	4	12	11	9	62	110
F.	—	—	—	—	—	3	—	1	3	1	8	20	14	20	124	194
TOTAL	—	—	—	—	—	3	3	2	7	5	12	32	25	29	186	304

Age at Onset of Blindness.

Age.	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Un-known	Total.
M.	10	—	1	—	—	4	2	4	6	4	9	12	11	9	38	—	110
F.	13	—	—	—	—	6	3	1	2	4	13	26	20	21	84	1	194
TOTAL	23	—	1	—	—	10	5	5	8	8	22	38	31	30	122	1	304

Children, Age under 16.

		Under 2.				Age 2—4.				Age 5—15.																			
		Resident in /at		Educable.		In- educable.		Educable.		Ineducable.																			
		Sunshine or Residential Homes.		Home or Elsewhere.		Attending Nursery Schools or in Residential Homes.		At Home or Elsewhere.		In Mental Hospitals or M.D. Institutions.		At Home or Elsewhere.		Blind but no other Defects.		Blind with no other Defects.		Blind but no other Defects.		Blind with other Defects.		Not at School.		In Mental Hospitals or M.D. Institutions.		At Home or elsewhere.			
		Blind.		Blind with multiple Defects.		Blind.		Blind with multiple Defects.		Blind.		Blind with multiple Defects.		Blind.		Blind with multiple Defects.		Blind.		Blind with multiple Defects.									
M.		—		—		—		—		—		—		—		—		—		—		—		—		1		3	
F.		—		—		—		—		—		—		1		1		—		—		—		—		1		3	
TOTAL		—		—		—		—		—		—		1		1		—		—		—		—		2		6	

Education, Training and Employment. Age Periods, 16 years and upwards.

Employed.					Under-going Training.		Unemployed.							(n)	(o)		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) Trained but unemployed.		(i) No Training but Trainable		(j) No Training		(k)	(l)	(m)	GRAND TOTAL.	No. of Persons registered under the Disabled Persons (Employment) Act, 1944, included in Col. (m)
In Workshops for the Blind.	As Approved Home Workers.	All Others not included in either (a) or (b).	TOTAL EMPLOYED.	No. of Women over 60 and Men over 65 who are employed included in (d).	For Sheltered Employment.	For Open Employment.	For Sheltered Employment.	For Open Employment.	For Sheltered Employment.	For Open Employment.	For Sheltered Employment.	For Open Employment.	Not available for employment.	Not Capable of Work.	Not Employed over 65.		
2	—	13	15	—	—	—	—	—	—	1	—	—	10	10	71	107	16
—	—	4	4	—	—	1	—	—	—	—	—	—	25	17	144	191	2
2	—	17	19	—	—	1	—	—	—	1	—	—	35	27	215	298	18

Occupations of Employed Blind Persons.

	<i>Mat Makers & Chair Seaters and Basket Makers.</i>	<i>Clerks and Typists.</i>	<i>Newsagent.</i>	<i>Factory Operatives.</i>	<i>Massage and Physio-Therapy.</i>	<i>Hawkers.</i>	<i>Piano Tuners.</i>	<i>Packers.</i>	<i>Telephone Operators.</i>	<i>Other Open Employment.</i>	<i>Gardener.</i>	<i>Miscellaneous.</i>	<i>TOTAL.</i>
Within Workshops for the Blind	2	—	—	—	—	—	—	—	—	—	—	—	2
In Approved Home Workers Schemes	—	—	—	—	—	—	—	—	—	—	—	—	—
Others not Pastime Workers ...	—	2	—	3	—	1	—	1	1	6	—	3	17
TOTAL	2	2	—	3	—	1	—	1	1	6	—	3	19

Physically and Mentally Defective and Mentally Disordered—All Ages.

	(a) <i>Mentally ill.</i>	(b) <i>Mentally Sub-Normal.</i>	(c) <i>Physically Defective.</i>	(d) <i>Deaf without Speech.</i>	(e) <i>Deaf with Speech.</i>	(f) <i>Hard of Hearing.</i>	<i>Not included in (a) to (f) but combination of :—</i>					<i>TOTAL.</i>
							<i>(b),(c) and (f)</i>	<i>(c) and (e)</i>	<i>(a) and (e)</i>	<i>(a) and (f)</i>	<i>(b) and (c)</i>	
M. ...	2	3	7	—	1	9	—	—	—	1	1	24
F. ...	3	6	11	—	3	16	—	1	—	1	—	41
TOTAL ...	5	9	18	—	4	25	—	1	—	2	1	65

Blind Persons age 16 and upwards—resident in

	<i>Residential Accommodation provided under Part III of the 1948 Act, viz.: Section 21</i>		<i>Other Residential Homes.</i>	<i>Mental Hospitals.</i>	<i>Mental Deficiency Institutions</i>	<i>Chronic Wards of Hospitals.</i>	TOTAL.
	<i>Homes for the Blind.</i>	<i>Other Homes.</i>					
M. ..	9	2	—	2	—	2	15
F. ..	12	3	3	4	—	4	26
TOTAL ..	21	5	3	6	—	6	41

Miscellaneous Information—Number of

Social Centres	1
Handicraft Classes	2
Special Classes and Socials for the Deaf Blind ...	—
Persons newly employed in open industry during the year	1
Persons discharged from open industry during the year	3
St. Dunstan's	4

Blind Persons Registered as New Cases (not transfers) during the Year —Age at Date of Registration.

	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Total.
M.	—	—	—	—	—	—	1	—	—	—	—	—	1	3	14	19
F.	—	—	—	—	—	1	—	1	—	—	—	1	5	4	20	32
TOTAL	—	—	—	—	—	1	1	1	—	—	—	1	6	7	34	51

**Blind Persons Registered as New Cases (not transfers) during the Year—
Age at Onset of Blindness.**

	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Total
M.	—	—	—	—	—	1	—	—	—	—	—	1	1	2	14	19
F.	—	—	—	—	—	1	1	—	—	—	2	3	2	5	18	32
TOTAL	—	—	—	—	—	2	1	—	—	—	2	4	3	7	32	51

The Local Authority employs a Supervisor, three Visitors and Teachers of the blind all holding the qualification of the College of Teachers of the Blind, and a trainee Visitor and Teacher.

Every effort is made to discover and assist any new cases of blindness. Home visiting and practical help is given to all blind persons known to us and residing within the Borough. Social amenities are made known and used whenever possible. Extra attention is given to the deaf-blind and any who may be suffering from some other form of handicap the nature of which is such as to increase the disability of blindness. For a small charge a home help is provided where necessary. Arrangements are also made for the provision, licensing and maintenance of wireless sets, and also the provision of dog licences and omnibus passes.

Each Tuesday and Thursday afternoon is devoted to work at the Social Centre, Guildhall, Market Place, where instruction is given in pastime occupations, or a game of dominoes, cards or draughts may be enjoyed.

The sitting room at the Centre is light and warm and contains a number of easy chairs. Here, with this added comfort, our older people spend many happy hours, and on Thursday afternoons readings are given on occasions. An instruction class in Old Tyme Dancing is held on Thursdays, along with other social and group activities.

Teaching of the following subjects and handicrafts is carried out by the staff: Braille reading and writing, Moon reading, sea-grass seating, cane seating, rug making, hand knitting, bead work, straw plait work, string bag making, etc.

Theatre parties and amateur shows are arranged throughout the year. Motor coach outings are arranged throughout the summer. The two most important events of the year are the annual outing and Christmas dinner party which are provided by the Local Authority.

Provision is also made for an annual summer holiday of one week, which is taken collectively and under the supervision of the Blind Welfare staff. In this way much pleasure has been given to many people who would otherwise never have left their home town, and as half the cost is borne by the Welfare Committee and the other half by the blind person, the charge is definitely within the reach of all concerned.

Another additional service for the blind takes the form of a fortnightly Chiropody Clinic, which is held at our Social Centre on the chosen days from 9.00 a.m. to 5.00 p.m. The Chiropodist attending allows approximately half an hour for each patient, and the sessions are always fully booked. We are grateful to him for only making a charge of 3s. 6d. per person which covers any treatment that may be considered necessary at the time of appointment.

Registration of blind persons is carried out in conjunction with the Ophthalmologists, which is in accordance with the Ministry of Health requirements, Form B.D. 8 being completed in all cases. In the case of bedridden patients, and others so physically handicapped as to be unable to attend the clinic in person, arrangements are made for the Ophthalmologists to visit them in their homes.

The same services are available to persons on the Register of the Partially-Sighted, particularly to those who are considered by the Ophthalmologist to be likely to go blind. Others, whom it is considered appropriate, are included in the provision of Welfare services for the Physically Handicapped.

Low Visual Aids are now available through the Eye Department of the Derbyshire Royal Infirmary and are proving of great value to a number of persons with certain types of visual defect.

A selection of novels, some suitable for children, which are printed specially for people with poor vision in larger than normal type, are now available for loan through the normal library services of the Corporation.

The many demands in the field of Blind Welfare seem to be ever increasing and some of our duties must be left with seemingly insufficient attention, but we are, nevertheless, happy to report that despite the many office and routine tasks which must be carried out, we were able to make a large number of visits, to blind persons in their homes, and in various hospitals and Homes.

We are grateful to all who have assisted during the year by bringing to our notice people with severe sight defects and wish to point out that we are not only interested in those who are in financial difficulties through their disability. There are many ways in which our knowledge can assist those whose sight has failed or is failing and we are always glad to hear of them. Registration as a blind or partially-sighted person is, of course, quite voluntary.

Follow-up of Registered Blind and Partially Sighted Cases.

(i) Number of cases registered during the year in respect of which para 7 (c) of Forms B.D.8 recommends:—	Cause of Disability.			
	<i>Cataract.</i>	<i>Glaucoma.</i>	<i>Retrolental Fibroplasia.</i>	<i>Other.</i>
(a) No treatment:—33	7	5	1	20
(b) Treatment (medical, surgical or optical):—31	6	1	—	24
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment—29	6	1	—	22

Section 47, National Assistance (Amendment) Act, 1951.

Two cases were admitted to Manor Hospital under this Section

AMBULANCE SERVICE.

Mr. C. V. Roberts, Transport Manager, reports:—

Use of Service.

The increase in the number of cases carried has continued, being 7.7% above 1964, but as the majority of these were sitting cases there has not been a significant change in the mileage.

Vehicles.

The authorised fleet is unchanged consisting of six ambulances, six dual-purpose vehicles and one car.

Personnel.

The staff is now one Superintendent, five shift leaders and 31 ambulance drivers.

Patients Carried.

				<i>Ambulances.</i>	<i>Sitting Case Vehicles.</i>	<i>Total.</i>
Emergency calls	...	...	...	1,974	424	2,398
Other cases	...	...	...	23,917	40,026	63,943
				<u>25,891</u>	<u>40,450</u>	<u>66,341</u>

Mileage.

				<i>Ambulances.</i>	<i>Sitting Case Vehicles.</i>	<i>Total.</i>
With patients	...	...	...	68,639	126,228	194,867
Midwifery apparatus	...	...	...	31	494	525
Other journeys	...	...	...	1,797	2,952	4,749
				<u>70,467</u>	<u>129,674</u>	<u>200,141</u>

Co-operation, etc.

I am glad to place on record again my appreciation of the valuable assistance of members of the British Red Cross Society and St. John Ambulance Association, acting as escorts for some of the long-distance journeys by public transport.

Ready co-operation and help have also been given by hospitals, doctors, other ambulance authorities, and the staff of British Railways.

PUBLIC SWIMMING BATHS

Mr. N. G. Rushton, General Manager, reports:—

There are two bathing establishments in Derby, the Reginald Street Baths and the Queen Street Baths. Reginald Street comprises a Swimming Pool 100 ft. by 30 ft., Turkish and Vapour Baths, Slipper Baths and a Laundry. The Queen Street establishment has a suite of Slipper Baths and three Swimming Pools: the Gala Pool 100 ft. by 40 ft., the Family Pool 100 ft. by 32 ft., and a Teaching Pool 60 ft. by 24 ft., in this Pool depth being 2 ft. 9 ins. to 3 ft. All pool water temperatures are kept higher than is usual in swimming pools, and the Teaching Pool in particular is kept at a comfortably high temperature thus ensuring the conditions are ideal for teaching purposes.

In July, 1965, a Finnish Sauna Suite was installed at the Queen Street Baths, this comprises an open lounge and rest room, shower area and Sauna Bath. The Sauna has become very popular, particularly with persons who prefer a dryer heat and higher temperatures than can be obtained in Turkish Baths; and it is anticipated that sportsmen and athletic clubs will find the bath extremely useful.

The water supplying the pools is a blend from the Derwent Valley and Little Eaton, and is supplied by the South Derbyshire Water Board, who soften and pre-treat it. Before being passed through sand filters under pump pressure the water is treated with chemicals. After filtration, the water is heated and sterilized. Liquid chlorine is the sterilizing agent providing the modern method of "Breakpoint Chlorination", which ensures rapid extermination of bacteria, clear, attractive pool water, odour-free bath halls, and long filter runs between cleaning the filter beds, with resultant economy in fuel, water and chemicals. Filter beds are cleaned or "back-washed" on average once a week by reversing the normal direction of water flow to waste drains and so carrying the dirt arrested by the filters to main sewers.

To ensure that pool water is both safe and attractive to bathe in, water samples are taken from all pools every two hours and tested for bicarbonate alkalinity, Ph. values and free and combined residual chlorine. To cope with this twenty-four-hour-a-day problem, a combination of the latest methods of water testing is used, i.e. the Lovibond Comparator together with the Palin's Tablet Tests.

X.—SANITARY CIRCUMSTANCES AND FOOD INSPECTION.

BY

MR. R. DAVIES, CHIEF PUBLIC HEALTH INSPECTOR.

GENERAL

The repetition of reference to staffing difficulties year after year can become irritating; nevertheless it has to be said that the revised establishment of Public Health Inspectors, approved late in 1964, was largely ineffectual in the recruitment of additional staff to fill the vacancies in the Department which have persisted over the past number of years. We were, however, able to appoint a Senior Inspector to be responsible for the enforcement of the Offices, Shops and Railway Premises Act, and gratifying progress was made, in contrast with the slowness of the previous year, in this new aspect of the Department's responsibilities. In view of the degree of urgency expressed by the Minister of Labour for the proper enforcement of this Act, and also the considerable criticism expressed by certain responsible bodies of the apparent slowness of Local Authorities with regard to its implementation, it is deemed advisable to comment at some length later in this report on the work carried out by the Department during the year in the general enforcement of the Act.

Progress during the year in slum clearance work improved upon the previous year and if this improvement can be maintained throughout the forthcoming year then we have every reason to believe that the deficiencies in our ten-year programme which have been incurred over the past two or three years due to chronic staff shortages will be made up, and that the programme will be completed as scheduled.

The continuing problem of substandard multi-occupied houses received more attention than in previous years, and it is felt that some success has been achieved in containing this problem to some degree. Through considerable local press publicity engendered by a number of successful prosecutions for infringements of Directions, etc., the immigrant population, who are in the main responsible for these circumstances, have now been made aware of the need to conform as far as reasonably possible with the requirements of the relevant Housing Acts.

The continued staffing difficulties prevented any actual start on Improvement Areas in the town, though preliminary surveys have been carried out with a view to making a positive start on compulsory improvement in 1966. This improvement of substandard dwellings is a logical extension of housing legislation involving compulsory demolition and compulsory repair and should be integrated into the present housing programme. It is envisaged, therefore, that in the forthcoming year some progress will at least be made in this obviously desirable aspect of our general housing programme.

It is gratifying to be able to report considerable increase in the inspection and supervision of food premises over previous years and this is reflected in the number of prosecutions instituted for contraventions of the Food Hygiene

Regulations; a perturbing feature of these prosecutions however is that the majority of them involved proprietors of foreign origin, Chinese, Indians and Pakistanis, etc., and it would seem that extra continuous care and attention will need to be exercised to ensure that the increasing influx of foreigners into the food industry does not lower the general standards of food hygiene, which after considerable hard work by inspectorial staffs, has shown such improvement in the past few years.

Continued steady progress has been made during the year in the control of both domestic and industrial smoke and the addition of a second smoke inspector who has been concentrating principally on industrial smoke problems has enabled this branch of smoke control to keep in pace with that on the domestic side. Some slight apprehension was and still is felt at the failure of the National Coal Board to make available their long promised new premium fuel 'Roomheat', and if our programme of Clean Air control is to proceed as planned then it is absolutely essential that this much-publicised fuel, which is intended to replace the deficiencies in future supplies of gas coke, shall be made available to the public without further delay.

In conclusion, I wish to express my sincere thanks to the inspectorial, technical, and clerical staff of the Department for their continued willing help and co-operation throughout the year. My thanks also are extended to the Chairman and members of the Health Committee for their assistance and support in resolving the many problems in the day to day administration of the Department.

HOUSING

Slum Clearance.

The year saw the number of representations of unfit houses back to the figure needed if the programme is to be completed within the approved period, viz. just over 300 houses per annum. It is now our hope that the coming year will see a substantial increase in this figure, so that total representations may be brought substantially in line with the programme. An even flow of representations is essential to enable the necessary orders, acquisitions and re-housing to proceed in an orderly and efficient fashion, but for two or three years, due to chronic staff shortages, this has proved impossible of achievement.

Improvement Areas.

Three areas were surveyed during the year with a view to possible compulsory improvement action and one area of just over 200 houses contained sufficient houses where the tenants are willing to have improvements carried out to justify action being taken. It is hoped to go ahead with this scheme in 1966. Of the other two areas looked at one will not be proceeded with because of a dearth of tenants desiring their houses to be improved, and the other area, embracing over 400 houses, may need to be dealt with partly by demolition and partly by improvement.

Houses in Multi-Occupation.

I am pleased to be able to report that during 1965 I was able to allocate a Public Health Inspector, full time, to the inspection and control of this type of housing accommodation. While we are as yet only touching the fringe as it were, I feel confident that with the firm support of the Health Committee

we have made some progress. The number of really severe cases of over-occupation of houses seems to be diminishing, no doubt due to the publicity engendered by a number of successful prosecutions for infringement of Directions.

A real problem in these houses, which I feel will defy a permanent solution, is that of ensuring a reasonable standard of care in portions of houses used in common, particularly yards and gardens.

House Purchase and Housing Act, 1959.

Improvement Grants.

253 Applications for Standard Grants and 8 for Discretionary Grants were received during the year; this is approximately the same as during the previous years for Standard Grants. An encouraging feature is that one-third of the Standard Grant applications were in respect of tenanted dwellings.

Standard Grants.

1. No. of applications:—
 - (a) Owner-Occupier 170. Approved 168, Rejected 5, Withdrawn 8.
 - (b) Tenanted Houses 83. Approved 110, Rejected 2, Withdrawn 3.
2. No. of dwellings improved:—
 - (a) Owner-Occupier 145.
 - (b) Tenanted houses 57.
3. Amount paid in grants £22,786 16s. 1d.
4. Average grant per dwelling £107 9s. 8d.
5. Amenities provided:—

(a) Fixed bath	...	...	...	...	...	...	...	171
(b) Shower	...	...	...	...	...	...	...	—
(c) Wash hand basin	...	...	...	...	...	...	...	184
(d) Hot water to any fittings	...	...	...	...	...	...	...	195
(e) Water closets (1) within the dwelling	...	...	...	...	...	...	...	205
(2) accessible from the dwelling	...	...	...	...	...	...	...	—
(f) Food store	...	...	...	...	...	...	...	189

Discretionary Grants.

1. No. of applications approved — 8.
2. No. of applications refused — —.
3. Amount paid in grants — £345 12s. 6d.
4. No. of dwellings improved
 - (a) Owner-occupied — 1.
 - (b) Tenanted — —.

Circular No. 54/55 of Ministry of Housing and Local Government.

Advice to Intending House Purchasers.

As a result of the above circular and official notices in the local press, 1,703 enquiries were made during the year by persons seeking information as to whether particular houses would be included in Slum Clearance Schemes.

Housing Act, 1957.**Beyond Repair.**

Number of demolition orders made (Section 17)	54
Houses demolished following demolition orders	3

Clearance Areas.

Represented during year—

1. Number of areas	5
2. Houses unfit for human habitation	253
3. Houses included by reason of bad arrangement, etc.	2
4. Houses on land acquired under Section 43 (2)	17
5. Numbers of people to be displaced (a) individuals	741
(b) families	248

Action taken during the year—

1. Houses demolished by local authorities or owners	
(a) unfit	387
(b) others	42
2. Numbers of people displaced (a) individuals	482
(b) families	186

Housing Act, 1964.**Improvement Areas.**

Number of areas surveyed	3
Number of areas declared	—

Dwellings outside Improvement Areas.

1. Number of representations made by tenants	11
2. „ „ preliminary notices served	6
3. „ „ undertakings accepted	1
4. „ „ immediate improvement notices served	3
5. „ „ such dwellings improved (a) full standard	—
(b) reduced standard	—

Rent Act, 1957.**Applications for Certificate of Disrepair.**

1. Number of applications	1
2. „ „ decisions not to issue certificate	—
3. „ „ certificates issued	1
4. „ „ undertakings given by landlords under paragraph 5, first schedule	1
5. „ „ undertakings refused by local authority	—

Applications for Cancellation of Certificate.

1. By landlords to local authority for cancellation	...	...	2
2. Objections by tenants to cancellation	...	...	—
3. Certificates cancelled by local authority	...	...	2

Houses in Multiple Occupation.

1.	Number of houses on which notices of intention have been served for								
	(a)	Management Orders (Section 12)	...	...	...	...	...	10	
	(b)	Directions on Overcrowding (Section 19)	...	...	...	...	...	107	
2.	Number of houses on which have been made								
	(a)	Management Orders	...	...	...	...	...	9	
	(b)	Directions on overcrowding	...	...	...	...	...	108	
3.	Number of notices served								
	(a)	to make good neglect of proper standards of management (Section 14)	...	...	...	...	...	3	
	(b)	to require additional services or facilities (Section 15)	...	...	...	...	...	54	
	(c)	where work has been carried out in default	...	...	...	...	...	—
4.	Number of prosecutions since passing of Housing Act, 1961, in respect of								
	(a)	Management	...	...	...	...	...	3	
	(b)	Directions	...	...	...	...	...	4	
	(c)	Overcrowding (Section 90, Housing Act, 1957)	...	...	...	...	...	—
5.	Number of control orders made (Housing Act, 1964)	...	...	...	...	...	...	—
6.	Number of control orders terminated	...	...	...	...	...	...	—
7.	Details regarding separate occupancies in houses in multiple occupation—								

	2	3	4	5	6	7	8	9	10	11	12	over 12
Number of houses with following number of separate occupancies	19	16	22	20	20	3	1	2	2	—	—	—

The following information is supplied by Mr. E. H. Gregory, Housing Manager:—

Number of Dwellings provided by Derby Corporation and let on weekly tenancy.

HOUSING STATISTICS AT 31ST DECEMBER, 1965.

Within the Borough ...	...	...	11,562
Outside the Borough...	...	...	5,519
Total			17,081

Classification :

One Bedroom ...	..	...	1,130
Two Bedrooms	...	...	4,121
Three Bedrooms	...	...	11,646
Four Bedrooms	..	...	184
Total			17,081

Number of Dwellings built in 1965 by Derby Corporation.

Within the Borough ...	...	...	222
Outside the Borough...	...	...	113
Total			335

By other persons or bodies within the Borough 117

INSPECTIONS AND NOTICES.

The Department received 1,501 complaints during the year, chiefly relating to housing disrepair.

3,606 visits and inspections were made and particulars of the work that has been carried out in compliance with Preliminary and Statutory Notices under the provisions of the Public Health Act are contained in the following table :—

Dwelling Houses.

Roofs	...	...	Repaired	...	...	...	41
Chimney stacks	...	...	Repaired	...	...	...	15
			Pots renewed...	...	...	...	3
Eavesgutters	...	...	Renewed	...	...	...	13
			Repaired	...	...	...	17
Rainwater pipes	...	...	Renewed	...	...	...	3
			Repaired	...	...	...	8
Walls...	...	...	Repaired	...	...	...	1
Plaster	...	...	Ceilings renewed	...	...	...	3
			Ceilings repaired	...	...	...	18
			Walls plastered	...	...	...	7

Floors	...	...	Relaid	...	...	...	...	...	2
			Repaired	...	...	...	...	...	7
Firegrates	...	...	Renewed	...	...	...	...	...	1
			Repaired	...	...	...	...	...	2
Stairs	...	...	Repaired	...	...	...	...	...	3
Windows	...	...	Repaired	...	...	...	...	...	25
			Sashcords renewed	...	...	...	...	...	36
Water supply	...	...	Fittings repaired or renewed	...	...	...	...	...	6
Sinks	...	...	Renewed	...	...	...	...	...	4
Waste pipes...	...	...	Renewed	...	...	...	...	...	2
			Repaired	...	...	...	...	...	3
Drains	...	...	Reconstructed	...	...	...	...	...	2
			Repaired	...	...	...	...	...	13
			Cleansed	...	...	...	...	...	80
			Inspection chamber covers renewed	...	...	...	...	...	4
Water closets	...	...	W.C. structures repaired	...	...	...	...	...	18
			Fittings renewed	...	...	...	...	...	19
			Fittings repaired	...	...	...	...	...	35
Paving	...	...	Yard paving repaired	...	...	...	...	...	5

COMMON LODGING HOUSES.

Number on Register	...	...	...	...	...	...	...	...	3
Number of rooms registered for sleeping	...	...	...	...	...	...	...	...	38
Number of lodgers provided for	...	...	...	...	...	...	...	...	259

OFFENSIVE TRADES.

The following offensive trades are carried on in the Borough :—

Rag and Bone Dealer	...	...	...	...	4
Tripe Boiler	...	...	...	...	1

ATMOSPHERIC POLLUTION.

The Clean Air Act, 1956.

Industrial and Miscellaneous Provisions.

Two aspects of this branch of the work which have been apparent are that the majority of notifications of intention to install new boiler plant have related to oil-fired boilers, and that in a number of instances the requirements of the Ministry of Housing and Local Government Circular on Chimney Heights has caused some concern to developers when the required height has been notified to them.

It is well recognised that architects and planners prefer not to see tall chimneys, which they feel are unsightly, and developers tend to look upon them as an unnecessary extra expense.

If, however, the concentrations in which combustion products reach ground level—that is, breathing level—are to be prevented from increasing

there is no alternative to sufficiently high chimneys where solid fuel and oil are being used.

Architects agree that it is highly desirable that the likely chimney height should be given full consideration at the design stage of the building when an otherwise unsightly chimney can often be incorporated in such a way as to make it relatively unobtrusive.

The Building Regulations of 1956 have overcome, at least in part, a deficiency in the provisions of the Clean Air Act dealing with chimney heights, which do not allow the local authority to specify the height required where the chimney serves offices, shops or dwellings. The Building Regulations make specific mention of such premises and when it is seen to what heights blocks of offices, shops and dwellings are now frequently built the wisdom of such a regulation is very apparent.

Progress in the elimination of hand-fired boilers has brought us to the point where only one larger type industrial coal-burning boiler in the town is now being hand fired.

Undoubtedly one of the most disappointing features industrially is the continued absence of a suitable plant for arresting fume from aluminium recovery works. This is a national problem and one to which the Industry and the Alkali Inspectorate (whose responsibility this is) are giving much time and thought. Meanwhile one such factory in Derby continues to be a source of undesirable and unsightly fume.

Measurement of Atmospheric Pollution.

This has continued and some of the results are printed. One of the gauges which takes daily measurements is now in a Smoke Control Area (since 1st November, 1964) and it is of passing interest that figures for 5th November, were four times the average for the month.

Domestic Smoke Control.

On 1st November, 1965, the (No. 6) (Dale) Smoke Control Order became operative and the remainder of Dale Ward (The No. 7 Order) was confirmed during the year.

There are now 8,035 dwellings in smoke control orders which cover 1,106 acres. The order confirmed but not operative contains 1,116 dwellings and covers 113 acres.

The failure of the National Coal Board to have available their new premium fuel 'Roomheat' for the winter of 1965 contradicted confident assurances which had been given by them. No-one was prejudiced, however, since none of the operative orders had been made based on the availability of this fuel.

The need to continue to combat pollution of the air remains undiminished. Smoke from our own houses remains the greatest single problem despite the fact that the solution is well known and easily applied. From time to time the statement that something like three-quarters of all the smoke comes from domestic sources is disputed—invariably by people who have no information and who believe what they want to believe. The figures are provided by the British Coal Utilisation Research Association and may be taken to be an accurate appraisal.

A more practical local step is to view the town from the top of a tall building like the new Technical College or Rivermead House, especially around noon or 4 p.m. when domestic fires are being re-fuelled. The emanations from the ubiquitous chimneys join forces to produce a blanket of smoke, which, in its effectiveness in well-nigh obscuring the buildings which the chimneys are said to 'serve' is second only to the complete obliteration it confers upon any argument about where the bulk of the smoke comes from.

Meanwhile more than 35,000 people per year, the majority in the 55-75 age range die from bronchitis. For them smoke control continues to be 'Too little and too late'.

Staff.

One Smoke Control Assistant left early in the year but the vacancy was filled without difficulty. The addition to the staff of the second smoke inspector, who commenced duties later in 1964, has proved to be a most useful step. The Senior Smoke Inspector is relieved of a certain amount of work, much more visiting of industrial premises is possible alongside smoke control work, and more time can be given to certain aspects of the work.

THE NOISE ABATEMENT ACT, 1960

The pattern has followed that of previous years, in that a good many of the complaints received have been outside the scope of the Act. All have of course been visited and investigated and improvement secured where possible.

Measurement of Atmospheric Pollution.

This has been continued and some results are included:—

DAILY VOLUMETRIC FILTER READINGS. RESULTS IN MICROGRAMMES PER CUBIC METRE.

1965.	AVERAGE FIGURES.					
	PEAR TREE POLICE STATION		NORMANTON CLINIC.		ROLLS-ROYCE FOUNDRY.	
	SMOKE.	SULPHUR.	SMOKE.	SULPHUR.	SMOKE.	SULPHUR.
January	295	265	126	100	301	662
February	356	295	150	163	258	608
March	297	282	112	194	256	722
April	147	118	50	71	142	314
May	112	132	37	79	179	327
June	60	96	34	80	125	368
July	61	70	24	54	111	355
August	61	86	24	53	141	270
September	145	106	42	83	156	473
October	213	246	111	171	180	742
November	297	253	131	163	231	865
December	293	243	94	136	240	512

COUNTY BOROUGH OF DERBY.—STANDARD DEPOSIT GAUGES FOR MEASUREMENT OF ATMOSPHERIC POLLUTION.

TOTAL SOLID MATTER DEPOSITED EXPRESSED TO GIVE FIGURES EQUIVALENT TO TONS PER SQUARE MILE.

1965 ..	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
Central Bus Station	14.49	9.42	21.5	9.73	12.90	18.65	8.45	14.13	16.27	13.02	17.8	24.54
Markenton Park	2.45	6.44	11.87	5.99	6.04	38.32	3.35	8.25	8.98	3.38	11.6	×
Technical College, Normanton Road ..	11.54	11.56	23.80	10.91	16.22	16.43	11.72	13.79	11.54	16.96	15.6	24.77
British Railways Staff College	19.92	15.06	22.38	15.35	12.81	23.31	7.49	13.46	10.73	13.22	23.1	21.43
East Midlands Gas Board, Pump House	17.64	8.61	11.73	9.66	14.01	25.70	16.55	12.94	14.77	*	11.1	32.02
Derby City Hospital	10.46	10.93	7.52	7.19	12.79	32.07	12.32	11.61	9.22	8.91	20.3	21.16
Co-operative Wholesale Society ..	17.02	14.97	5.69	12.37	13.25	18.62	21.95	13.68	11.17	16.13	23.12	23.00

• Delivery Tube Deflected

× Gauge Overflowed

**COUNTY BOROUGH OF DERBY—STANDARD DEPOSIT GAUGES FOR MEASUREMENT OF
ATMOSPHERIC POLLUTION.**

SULPHUR IN THE AIR, EXPRESSED AS SULPHATE, IN TONS PER SQUARE MILE.

	1965	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Central Bus Station	1.83	*	2.94	2.17	2.70	1.74	2.47	1.30	2.43	*	2.9	2.70
Markeaton Park	1.69	*	4.38	2.19	2.19	0.80	2.42	1.13	2.62	*	3.7	*
Technical College, Normanton Road	..	1.47	*	3.54	2.50	2.84	2.30	2.51	2.27	3.80	*	3.1	2.87
British Railways Staff College	2.77	*	4.65	3.57	6.41	1.74	3.11	2.30	3.60	*	3.0	3.14
East Midlands Gas Board Pump House		1.55	*	2.48	2.55	2.51	2.03	2.72	1.89	3.51	*	2.3	2.10
Derby City Hospital	1.23	*	0.93	1.59	2.65	2.29	2.49	0.56	1.49	*	2.0	2.59
Co-operative Wholesale Society	..	2.26	*	3.58	2.37	2.71	1.39	2.37	2.10	3.24	*	2.6	2.64

*—Insufficient sample to do Sulphur Determinations.

FACTORIES ACT, 1961.

There are 593 mechanical and 53 non-mechanical factories, including bakehouses, at present on the Register.

A summary of the particulars in compliance with Section 153 (i) of the Factories Act, 1961, is shown in the following tables.

Inspections.

The Department has carried out a limited amount of work under this Act, but the staff available does not permit of regular visiting of all factories.

<i>Premises</i>	<i>Number of</i>		
	<i>Inspections</i>	<i>Written Notices</i>	<i>Prosecutions</i>
Factories without mechanical power	3	—	—
Factories with mechanical power	51	3	—
Other premises under the Act (including works of building and engineering construction but not including out-workers' premises)...	—	—	—
TOTAL	54	3	—

Defects Found.

Particulars	Number of Defects				Number of Prosecutions
	Found	Remedied	Referred		
			To H.M. Insp.	By H.M. Insp.	
Want of cleanliness	—	2	—	4	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences—					
(a) insufficient	—	1	—	2	—
(b) unsuitable or defective	—	—	—	1	—
(c) not separate for sexes... ..	—	—	—	—	—
Other offences against the Act (not including offences relating to out-work)	—	—	—	—	—
TOTAL	—	3	—	7	—

Offices, Shops and Railway Premises Act, 1963.

During the year registrations were received in respect of 213 premises in the Borough making a total of 1,644 premises now registered.

Offices	...	...	...	...	...	...	511
Retail Shops	...	...	...	...	...	...	915
Wholesale Shops and Warehouses	...	...	...	...	...	...	65
Catering Establishments open to the public, and Canteens	...	...	...	...	...	...	144
Fuel Storage Depots	...	...	...	...	...	...	9
							<hr/> 1,644 <hr/>

The following figures are an analysis of the contraventions found in the premises where general inspections were carried out:—

Cleanliness	...	...	...	106	Washing Facilities	...	...	228
Overcrowding	...	...	...	15	Accommodation for Clothing	...	...	19
Temperature	...	...	...	217	Eating Facilities	...	...	12
Ventilation	...	...	...	46	Floors, Passages, Stairs	...	...	134
Lighting	...	...	...	77	Fencing of Machinery	...	...	6
Sanitary Conveniences	...	...	...	147	First Aid Provisions	...	...	234
Sitting Facilities	...	...	...	11	Seats (Sedentary Workers)	...	...	4
								<hr/> 1,256 <hr/>

No applications were received during the year for exemptions of any of the provisions concerning space, temperature, sanitary conveniences and running water.

Sixty-one accidents were reported during the year as required by Section 48 of the Act.

The work of registration of premises begun during 1964 was virtually completed during the year, mainly as a result of a street by street survey of premises. If premises were found which were not registered, the occupier was notified by letter and this usually resulted in the O.S.R. 1 form being returned. In four cases, however, despite repeated reminders, the occupiers failed to register their premises and prosecutions were instituted. Nominal fines of between £3 and £5 were imposed, but some press publicity was achieved and some belated registrations which had been missed were received following these reports.

The following paragraphs give a short account of the impressions made during enforcement of some of the main provisions of the Act, including the special survey required on lighting provisions.

Sanitary Conveniences.

The majority of premises inspected under the Act were found to be adequate as far as sufficiency is concerned, and in the cases where insufficient sanitary accommodation was available to comply with the Regulations, usually it would be possible to provide this without much difficulty.

Contraventions found concerned cleanliness, lighting and ventilation. Instances were found where sanitary conveniences communicated directly with shop storerooms and the space available rendered it impracticable to construct an adequate intervening ventilated space.

Washing Facilities.

The inspections carried out during the year revealed many instances of insufficient washing facilities. These occurred mainly in premises where separate washing facilities were required to be provided for members of each sex employed.

Many premises were found to be without any means of running hot water. These consisted mainly of shop premises where a small number of persons were employed (less than five). Many offices, also, where separate accommodation was required and had been provided, had running hot water in one of the facilities only, usually the one supplied for ladies.

One case was reported where hot and cold water had been supplied, but no sink or wash basin.

Annexes containing washing facilities were often found to be used for storing goods, especially in food shops both large and small.

Overcrowding.

Very few cases of overerowding were reported during the year and these were mainly small office rooms situated within shops. Two cases of general overerowding in offices were reported, but in both these cases the companies concerned were aware of this and intimated they would be moving to fresh accommodation before August, 1967.

Temperature.

Many of the complaints received from employees concerned the maintenance of the statutory minimum temperature of 60.8° F. The majority of these complaints were in connection with conditions found on Monday mornings when heating arrangements had been closed over the weekends and also following holiday periods.

A large number of premises inspected did not comply with the provisions concerning thermometers.

Ventilation.

Ventilation in the majority of offices inspected was maintained by the use of natural ventilation. In many cases, however, it was observed that many employees were unwilling to open windows either due to traffic noise or personal objections concerning opening of windows. It is obvious that heating of premises has a bearing on this subject but instances were recorded where the temperature was in excess of 70° F where employees preferred not to have windows open.

I am of the opinion that regulations would be helpful on this subject requiring permanent means of ventilation and specifying the means by which this can be achieved. Difficulties in enforcing the present legislation in the cases instanced above are obvious.

Ladies' hairdressing salons seem to present a particular problem, especially in the small compact businesses often situated in old premises with low ceilings. Many notices have been sent to occupiers of this type of business requiring mechanical ventilation to be installed.

Another problem occurred in wholesale shops where rows of shelving appeared to have a baffling effect and additional ventilation in the form of mechanical ventilation was required in some of these premises.

Checks on ventilation in some premises have been made using the Kata thermometer as a guide.

Eating Facilities.

The wording of this particular section does not help with enforcement. If facilities were available it was found that employees used them; if not, they did not eat meals on the premises. Only a limited number of premises were encountered where employees were required to stay on the premises for meals and in these cases facilities were provided, although sometimes these were inadequate.

Generally larger shops provided eating facilities, but many smaller premises were deficient in this respect.

Eating facilities in offices were generally found to be better than in shops, but of course the Act makes no mention of office premises.

First Aid Facilities.

A large number of premises were found to have either no first aid facilities or not kept to the prescribed standard. Re-inspections revealed that the majority of premises had been brought up to the required standard after notices had been served.

Dangerous Machinery.

One prosecution was instituted during the year as a result of an accident investigation carried out during December, 1964. The defendant company were prosecuted under Section 17 (1) of the Act for not fencing rollers situated beneath a conveyor belt carrying goods from the ground floor to the first floor. A plea of guilty was entered and the company was fined £20 and were ordered to pay £3 3s. costs.

Floors, Passages and Stairs.

Many cases were reported of defective floor coverings, worn stair treads and nosings and the absence of hand rails. Worn stair treads were found, as would be expected, in the older type of buildings and it was noted that many of these staircases had received little or no maintenance since installation in spite of their heavy use.

Reporting of Accidents.

In order to bring to the notice of employers their obligations concerning the reporting of accidents, a circular letter was sent to the occupiers of all registered premises informing them of the main provisions of Sections 48 of the Act.

Lighting.

The majority of commercial offices inspected had been installed with fluorescent fittings and generally occupiers of this type of premises had been conscious of the need to improve lighting standards. In many cases however lighting had not been planned in relation to actual working surfaces with the result that some working surfaces did not receive adequate illumination. Some offices were still lighted by individual electric light bulbs with or without shades, whilst in some instances the standards of illumination at working surfaces were good expressed in terms of lumens/sq. ft., the general impression of this type of lighting was one of points of light punctuating the gloom of the surroundings. This type of fitting gave instances of excessive glare, although employees when questioned intimated that the lighting was satisfactory as far as they were concerned. Obviously this is due to the fact that they have become accustomed to this standard although of course there may be other reasons.

Lighting on staircases varied from very good to very bad and photometer readings of less than 1 lumen square feet was recorded in some instances. The chief offenders in this respect were buildings to which Section 42 of the Act applied where the owner of the building was responsible.

The lighting in washplaces and sanitary accommodation also varied from very good to bad and in many offices in the older type of building it was observed that the smallest wattage bulb was considered sufficient by the management in these rooms.

Lighting in shop selling areas was generally extremely good and lighting in stockrooms and workrooms was poor in comparison, although the bright lights observed in shop selling areas tended to give one a false impression when moving from these areas to stockrooms and workrooms. In shops it was observed that fluorescent lights were often used in selling areas and individual electric light bulbs in stockrooms. One extreme case was reported showing overall illumination in a shop area to be 100 lumens/sq. ft. whilst the basement stockroom/workroom in the same premises varied between 0.4 lumens/sq. ft.

Notices issued to occupiers of premises have merely pointed out that lighting standards in particular rooms are unsatisfactory. It has been pointed out to occupiers that there are recommendations issued by the Illuminating Engineering Society, but no attempt has been made to impose these standards in the absence of any other guidance on this matter. Any notice issued has been based on visual observation supplemented by photometer readings and governed by individual circumstances.

Many offices fitted with modern diffusing fittings and giving a less intensity of illumination (15-20 lumens/sq. ft.) seem to be preferable as far as employees are concerned to non-diffusing fittings giving a higher intensity (30 lumens/sq. ft.) but more glare.

Natural lighting was generally satisfactory in most offices, although cases were observed where natural lighting was poor due to overshadowing by adjoining buildings. An occasional basement room used as an office had no means of natural lighting. Obviously no action can be taken to secure adequate natural lighting in view of the specific wording of Section 8 of the Act.

In view of the fact that any interpretation of the phrase 'sufficient and suitable lighting' is subject to wide variations, I take the view that official action, apart from advice and guidance, is only possible in cases of extremely

poor lighting. In a number of cases where what was considered to be poor lighting was encountered employees have expressed the view that they were quite satisfied. This happened in one instance where photometer reading registered 5 lumens, sq. ft. at the working surface of an office desk.

SEWERAGE

The following information is supplied by Mr. W. G. Penny,
Borough Engineer and Surveyor.

New Sewers laid during the year.

Albert Road Site:

6" Surface water	...	...	...	...	...	68	lin. yds.
12" Surface water	...	...	...	...	...	68	" "

Brook Street Area:

(i) Main Re-drainage:

24" Foul	...	...	...	...	...	71	" "
27" Foul	...	...	...	...	...	82	" "
30" Foul	...	...	...	...	...	75	" "
33" Surface water	...	...	...	...	...	130	" "

(ii) Site:

6" Foul	...	...	...	...	...	300	" "
6" Surface water	...	...	...	...	...	172	" "
9" Surface water	...	...	...	...	...	70	" "

Eastern Intercepting Sewer:

9" Combined	...	...	...	...	...	141	" "
21" Combined	...	...	...	...	...	104	" "
24" Combined	...	...	...	...	...	278	" "
27" Combined	...	...	...	...	...	99	" "
33" Combined	106	" "
36" Combined	184	" "

Freeman Avenue:

(i) Off-site:

9" Surface water	160	" "
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(ii) *On-site:

6" Foul	200	" "
6" Surface water	55	" "
9" Surface water	145	" "

*—On private land—will not be adopted as public sewers.

Mackworth:

Kensal Rise:

6" Surface water	11	lin. yds.
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New Sewers Laid—*continued.*

Pear Tree Crescent Relief Sewer:

12" Combined	136 lin. yds.
15" Combined	...	...	...	...	...	52 " "

Serina Avenue (Rosamond's Ride):

6" Foul	60 " "
12" Surface water	19 " "

Spondon Outfall Sewer:

24" Combined	81 " "
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*Sunny Hill (former Camp) On-site:

6" Foul	91 " "
9" Foul	142 " "
6" Surface water	125 " "
9" Surface water	110 " "
12" Surface water	...	...	...	...	...	37 " "

*—On private land—will not be adopted as public sewers.

Manholes constructed.

Albert Road Site:

Surface water	4
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Brook Street Area:

(i) Main Re-drainage:

Foul	4
Surface water	4

(ii) Site:

Foul	4
Surface water	5

Eastern Intercepting Sewer:

Combined	7
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Freeman Avenue:

(i) Off-site:

Surface water	3
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(ii) *On-site:

Foul	6
Surface water	6

*—On private land—will not be adopted as public.

Pear Tree Crescent Relief Sewer:

Combined	3
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Serina Avenue (Rosamond's Ride):

Foul	1
Surface water	1

Manholes constructed—*continued.*

Spondon Outfall Sewer:

Combined	1
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*Sunny Hill (former Camp) On-site:

Foul	10
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Surface water	10
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*—On private land—will not be adopted as public.

Sewers Cleaned Out.

Total length	3,175 yards.
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Manholes Cleaned Out.	Total	34
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WATER SUPPLY

The following information is supplied by Mr. I. G. Edwards, Engineer and General Manager, South Derbyshire Water Board:—

(a) The water supplied to the area has been adequate in quantity and generally satisfactory in quality.

(b) Regular examination has been made both of raw and treated waters. A total of 95 bacteriological, 4 chemical and 91 partial chemical samples were taken from consumers' premises during the year and of the 95 bacteriological samples only three showed coliforms. A repeat sample was found to be coliform-free.

The supply to the area is derived from local infiltration tunnels and the River Derwent at Little Eaton, together with a treated water supply received from the Derwent Valley Water Board. The local water is filtered and sterilised at the Little Eaton Works. The fluoride content of the Little Eaton water varies between 0.4 p.p.m. and 0.75 p.p.m. and of the Derwent Valley water is 0.15 p.p.m.

(c) None of the water as supplied to the consumers is liable to plumbo-solvent action.

(d) All water is chlorinated before passing into supply.

(e) There is no record of the proportion of dwelling houses supplied by means of standpipes, but the figure is negligible, and it can be said that substantially the whole of the dwelling houses, of which there are 42,298 in the Borough, are supplied with water by the undertaking.

Water Used during the year 1965.**Supply.**

Number of gallons of water supplied to S.D.W.B.

Area from Public Supply	9,611,418,220
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Number of gallons per day per head of population	...	54.85
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Percentage of total quantity from Derwent Valley

supply	48.85%
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Used during the year (Derby Borough).

	<i>Gallons.</i>
Sewer flushing	102,000
Street watering, etc.	—

REFUSE COLLECTION AND DISPOSAL.

The following statistics are supplied by Mr. C. V. Roberts, Director of Public Cleansing:—

Weight of Refuse dealt with.

House and Trade Refuse collected	36,364 tons.
Trade Refuse brought in	10,768 „
	<hr/>
	47,132 „

Salvage extracted from Refuse and sold.

Tins	340 tons.	Paper and card	296 tons.
Iron	114 „	Non-ferrous metal	2 „
Textiles	7 „	Cinders	40 „
Food Waste	„		

Ashbins provided.

Corporation Houses	1,410
Other Corporation Departments	50
Private Owners	166
	<hr/>
	1,626

Vehicles used for Cleansing purposes.

Collection of Refuse and Salvage	18
Disposal of Refuse :	
Bulldozer-shovel	1
Mechanical Shovel	1
Lorries	1
Street Sweeping and Watering :	
Lorry	1
Mechanical Gully Emptiers	2
Sweeping Machines	3
Street Washing Machine	1

Prevention of Damage by Pests Act, 1949.

A total of 1,528 infestations of rats and mice were dealt with at dwelling houses, 533 at business premises, 78 at Corporation surface properties. Forty-seven groups of buildings were also surveyed and 'Block' treatments carried out.

Sewer Maintenance Treatment.

The Rodent Control Officer carried out the test baiting of the Borough Sewerage System and also the half-yearly maintenance treatments.

In conjunction with the sewer treatments, a baiting and poison treatment was carried out in the culvert under Victoria Street. The treatment of the sewers in the centre of the town was carried out at night between the hours of 9 p.m. and 6 a.m.

As in previous treatments the direct poison method with Sodium Fluoroacetamide was used.

The tables show the results of the work carried out:—

	<i>Test Baiting.</i>		<i>Maintenance</i>	<i>Maintenance</i>
	<i>Number</i>	<i>Number</i>	<i>Treatment</i>	<i>Treatment</i>
	<i>of</i>	<i>of Takes</i>	<i>No. 1.</i>	<i>No. 2.</i>
	<i>Manholes</i>	<i>Recorded.</i>	<i>No. of Manholes</i>	<i>No. of Manholes</i>
	<i>Test</i>	<i>Recorded.</i>	<i>Poison Baited</i>	<i>Poison Baited</i>
	<i>Baited.</i>		<i>with</i>	<i>with</i>
			<i>Fluoroacetamide.</i>	<i>Fluoroacetamide.</i>
Alvaston Ward	50	12	44	44
Osmaston Ward	41	7	40	41
Pear Tree Ward	44	17	40	40
Normanton Ward	38	16	35	40
Dale Ward	44	9	42	42
Litchurch Ward	45	19	41	41
Arboretum Ward	38	12	38	38
Babington Ward	63	9	31	35
Castle Ward	36	11	36	36
Abbey Ward	35	13	33	33
Rowditch Ward	44	14	40	40
King's Mead Ward	63	6	30	32
Bridge Ward	54	19	35	35
Friar Gate Ward	42	9	40	40
Derwent Ward	64	8	35	35
Becket Ward	65	3	55	55
Victoria Street Culvert ..	30	11	30	35
Mackworth	32	—	—	—
TOTALS	828	195	645	662

MEAT AND FOOD INSPECTION

The total number of animals slaughtered within the Borough during 1965 was 52,908, a decrease of 3,291 on the previous year.

During the year an adequate system of meat inspection has operated in which the examinations have been carried out as soon as practicable after slaughter. The addition of a qualified Authorised Meat Officer to the staff has helped considerably in the duties of inspection.

A decrease is noted in the number of animals slaughtered under the Tuberculosis Order, 1964, with a corresponding fall in the incidence of the disease, especially in cows. Several instances of tuberculosis found in cattle have been reported to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food with whom a close liaison is maintained.

Carcases Inspected and Carcasses Condemned during 1965.

	<i>Cattle excluding Cows.</i>	<i>Cows.</i>	<i>Calves.</i>	<i>Sheep and Lambs.</i>	<i>Pigs.</i>
Number Killed	8,394	1,453	112	22,736	20,213
Number Inspected	8,394	1,453	112	22,736	20,213
<i>All Diseases except Tuberculosis:</i>					
Whole carcasses condemned	1	25	13	27	13
Carcasses of which some part or organ was condemned	1,277	576	4	745	835
Percentage of the number in- spected affected with disease other than tubercenlosis	15.22	41.36	15.17	3.39	4.19
<i>Tuberculosis only:</i>					
Whole carcasses condemned	—	1	—	—	—
Carcasses of which some part or organ was condemned	9	28	—	—	22
Percentage of the number in- spected affected with tuber- culosis	0.107	1.99	—	—	0.108

Animals Slaughtered under Government Orders.

	<i>Bulls.</i>	<i>Cows.</i>	<i>Steers.</i>	<i>Heifers.</i>	<i>Calves.</i>	<i>Totals.</i>
Tuberculosis Order, 1964	—	59	—	7	—	66

Classification of Diseases other than Tuberculosis in whole carcasses and parts of carcasses condemned.

Cattle.

	<i>Totally Condemned.</i>		<i>Part Condemned.</i>	
	<i>Cattle excluding Cows.</i>	<i>Cows.</i>	<i>Cattle excluding Cows.</i>	<i>Cows.</i>
Abscesses and Abscess Adhesions	—	—	—	3
Injury and Bruising	—	—	21	12
Decomposition	—	—	1	—
Oedema, General or with Emaciation	—	21	—	—
Peritonitis	—	—	—	1
Johne's Disease	—	1	—	—
Pyrexia	1	—	—	—
Toxæmia	—	2	—	—
Septicæmia	—	1	—	—
Arthritis	—	—	1	—
Skin Tuberculosis	—	—	1	—
TOTALS	1	25	24	16

Sheep.

	<i>Totally Condemned.</i>	<i>Part Condemned.</i>
Abscesses and Abscess Adhesions	—	12
Arthritis	—	3
Septicæmia	1	—
Septic Mastitis	1	—
Pneumonia, Septic	1	—
Injury and Bruising	—	18
Malformation	—	1
Moribund	3	—
Oedema, General or with Emaciation	20	7
Pyæmia	1	—
TOTALS	27	41

Pigs.

	<i>Totally Condemned.</i>	<i>Part Condemned.</i>
Abscesses and Abscess Adhesions	—	33
Arthritis	—	65
Injury and Bruising	—	76
Leukaemia	1	—
Oedema, General or with Emaciation ..	3	—
Pleurisy and Pneumonia	1	2
Pyæmia	2	—
Septicæmia	2	—
Swine Erysipelas	4	—
Peritonitis	—	1
TOTALS	13	177

Calves.

	<i>Totally Condemned</i>	<i>Part Condemned</i>
Atrophy	—	1
Emaciation	1	—
Immaturity	5	—
Injury and Bruising	1	1
Joint-ill	2	—
Pyæmia	1	—
Peritonitis, Septic	1	—
Uræmia	1	—
Septicæmia	1	—
Arthritis	—	2
TOTALS	13	4

Cysticercus Bovis.

	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>Apr.</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Totals.</i>
Viable ..	—	1	—	—	—	—	—	1	1	—	1	—	4
Degenerate	10	3	5	1	—	6	9	9	6	10	10	4	73
TOTALS ..	10	4	5	1	—	6	9	10	7	10	11	4	77

Weight of Meat Condemned.

	<i>Tons.</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Beef	5	17	3	19
Mutton	—	13	1	8
Pork	1	19	1	24
Veal	—	6	0	13
Offal	17	17	2	8
Imported Meat	—	2	0	21
Imported Offal	—	2	3	23
TOTAL	26	19	2	4

Arrangements are made for all condemned meat and offal to be processed for industrial purposes at Nottingham and Nuneaton.

LICENSED SLAUGHTERMEN.

New licences granted for 1965	...	...	...	...	1
Licences renewed for 1965	...	...	...	...	51
Licences in operation at end of the year	...	...	...	...	52

GENERAL FOOD INSPECTION.

The wholesale provision stores and wholesale fish and fruit markets have been regularly inspected throughout the year. The following statement shows the foodstuffs condemned as unfit for human consumption :—

	<i>Quantity.</i>			
	<i>Tons.</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Bacon	—	4	—	6
Cheese	—	2	2	5
Cooked Meats	1	16	—	25
Fish	—	1	—	21
Frozen Foods	—	16	2	25
Fruit	—	7	—	20
Fruit Pulp	—	9	2	11
Dried Fruit	—	1	1	9
Poultry	—	3	0	2
Sausage	—	—	3	21
Vegetables	4	4	0	14
Miscellaneous Items	—	3	2	2
Canned Foods .. ..	..	..	..	3,225 cans.
Bottled Food .. ..	..	..	..	123 jars.

Food and Drugs Act, 1955.

Amongst the food complaints that have been received, have been a number affecting meat pies and pasties and pre-packed confectionery. Invariably the complainant has drawn attention to a deteriorated condition of the food which, on investigation, has been found, in many instances, to be caused by mishandling at the retail premises. Retailers tend to keep such perishable foods on sale for a period longer than they should and this leads to the deterioration. Shopkeepers are continuously being informed of the dangers involved in over-stocking and over-keeping such foods and are advised to obey implicitly the instructions given by manufacturers on the time these can be expected to remain in a fresh condition.

Frequent complaints are made to the Department of the unsatisfactory condition of milk bottles supplied by dairies in the Borough. These firms are continually being pressed to exercise every care in the inspection methods they employ to ensure the use of clean and sound bottles. Nevertheless, the misuse of these bottles by the general public, is a matter of great concern to the Department. Large numbers are found thrown down on waste land and building sites, and many are used for paraffin, paint or disinfectants. The problems associated with the sorting and dispensing of such misused bottles are no small ones and perhaps at times one criticises the dairy unfairly when the general public are so remiss in not returning a clean bottle.

The Food Hygiene (General) Regulations, 1960.

The inspection of food premises has suffered considerably in recent years because of staff shortages, but in 1965 with an improvement in this respect routine visits were resumed, legal proceedings were instituted, in some instances resulting in the imposition of fines totalling £315 5s. 0d. and 23 guineas costs.

It is noted that, as each year passes, an improvement in the standard of food hygiene in the food distribution trades is to be seen. In many respects this improvement is due to the demand of the public for a better standard of marketing and this can be seen in the increase of pre-packed foods as well as the opening of more self-service establishments.

The number of premises registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food under Section 16 of the Food and Drugs Act, 1955, is as follows :—

Number of premises on Register at end of year	... 74
Number of premises registered during the year	... 1

MILK SAMPLING.

Designation of Milk.	Number of Samples taken and Results.						
	Phosphatase.		Methylene Blue.			Turbidity.	
	Passed.	Failed.	Passed.	Failed.	Not carried out owing to shade temperature exceeding 65° F.	Passed.	Failed.
Pasteurised. . .	36	—	33	3	—	—	—
Sterilised . . .	—	—	—	—	—	9	—
Untreated . . .	—	—	8	1	—	—	—

Brucella Abortus.

Number of samples of Raw Milk examined	...	9
Number of Positive Samples found	... ..	Nil

MILK LICENSING.**The Milk and Dairies (General) Regulations, 1959.**

Number of distributors on register, year ending 1965	...	...	26
Number of dairy premises on register, year ending 1965	...	...	4

The Milk (Special Designation) Regulations, 1963.

UNTREATED MILK—No. of Dealers on register, year ending 1965	...	...	5
PASTEURISED MILK—No. of Dealers (Pasteurisers) on register, year ending 1965	...	...	3
No. of Dealers on register, year ending 1965	...	...	145
STERILISED MILK—No. of Dealers on register, year ending 1965	...	...	119

ICE CREAM.

The number of premises registered for the manufacture, storage and sale of Ice Cream under Section 16 of the Food and Drugs Act, 1955, is as follows;—

Number of premises registered for sale only during the year	...	4
Number of premises registered for manufacture and sale at the end of year	... ..	6
Number of premises registered for sale only at end of year	...	746

REPORT OF THE BOROUGH ANALYST.

The following is a summary of the Report of the Borough Analyst, Mr. J. Markland, B.Sc., F.R.I.C.

1. During the year ended 31st December, 1965, three Formal Samples and 182 Informal Samples were submitted for analysis under the Food & Drugs Act, 1955. Based on the total of 185 samples this represents an extremely low sampling rate of 1.4 per 1,000 population.

2. Twenty-seven (14.6%) of the samples were classed as adulterated, either because they failed to comply with the relevant legislation or were below normally acceptable quality.

3. Table I gives a list of the samples examined and shows the numbers which were classed as adulterated.

TABLE I.

<i>Article</i>	<i>Formal</i>	<i>In- formal</i>	<i>Total</i>	<i>Adulterated or not up to standard</i>	<i>% Adulterated</i>
Canned Foods:					
Fruits		10	10	5	
Fish		1	1		
Vegetables, including					
Tomatoes		5	5		
Miscellaneous		17	17	4	
Castor Oil		1			
Chutney		3	3	3	
Coconut Oil		1	1		
Cream, Canned		1	1		
Drugs:					
Elixir		1	1		
Indigestion Powder		1	1		
Tonic		1	1		
Essences		4	4	1	
Fish Paste		1	1		
Food Beverages—Miscellaneous		2	2		
Fruit, Fresh:					
Apples		17	17		
Grapes		2	2		
Pears		7	7		
Tomatoes		7	7		
Fruit Products—Miscellaneous		1	1		
Fruit Pectin		1	1		
Herrings with Vegetables (Canned)		1	1		
Indian Swede (Cooked)		1	1		
Jam		1	1		
Kevda Water		1	1		
Milk	1	43	44	1	2.3
Meat Pies		1	1		
Milk, Condensed, Full Cream.					
Sweetened		1	1		
Mustard Oil		1	1		
Pickles	1	6	7	5	
Potted Meat		1	1		
Salad Cream and Mayonnaise		1	1		
Sauce		1	1		
Sausages, Pork		3	3	2	
Sausage Meat, Pork		1	1	1	
Soft Drinks:					
Cider Substitute		3	3	2	
Cordials	1	1	2	2	
Mineral Waters		10	10	1	
Soup Powders and Soup (Dried)		2	2		
Sweets		3	3		
Vegetables:					
Brussels Sprouts		5	5		
Carrots		5	5		
Parsnips		4	4		
Vegetables, Dried		1	1		
Yeast Preparations		1	1		
TOTALS	3	182	185	27	14.6

4. Milk Samples.

Of the forty-four samples examined, one sample contained a trace of added water. Two further samples taken from the same supplier were free from added water.

Three samples were deficient in non-fatty solids through natural causes. The Freezing Point showed them to be free from added water.

The average composition of all Milks examined during the year was:—

Non-fatty solids ...	...	8.80	per cent.
Fat ...	...	3.73	, ,
Total solids ...	...	12.53	, ,

The averages are normal for the time of the year when the samples were taken. The average non-fatty solids is a little higher than would be obtained from a true annual average of samples taken throughout the year.

5. Samples other than Milk.

The unsatisfactory samples are listed in Table II.

TABLE II.

<i>Serial No.</i>	<i>Article</i>	<i>Formal or Informal</i>	<i>Nature of Adulteration</i>	<i>Observations</i>
2184	Pork Sausage ..	Informal	Preservative present without declaration.	Condemnation of remaining stock recommended.
2186	Pork Sausage ..	Informal	Preservative present without declaration.	
2187	Pork Sausage Meal ..	Informal	Preservative present without declaration.	
2192	Raspberry Flavour ..	Informal	Labelling offence.	
2195	Sparkling Lime ..	Informal	Contained excess of lead	
2197	Imitation Perry ..	Informal	Contained excess of lead	Condemnation of remaining stock recommended.
2198	Imitation Perry (Canned) ..	Informal	Contained excess of lead	
2	Strawberry Flavoured ..	Informal	Labelling offence.	
42	Syrup.	Formal	Labelling offence.	
7	Pickle Lemon ..	Informal	Labelling offence.	
12	Bitter Gourd (Canned) ..	Informal	Contained excess of tin.	From same supplier.
17	Mango Oil Pickle ..	Informal	Contained non-permitted preservative.	
30	Mango Oil Pickle ..	Formal	Contained non-permitted preservative.	
18	Mixed Oil Pickle ..	Informal	Contained non-permitted preservative.	
32	Creamed Sago Milk Pudding (Canned)	Informal	Bitter taste due to breakdown of milk protein.	
33	Lemon Oil Pickle ..	Informal	Contained non-permitted preservative.	

<i>Serial No.</i>	<i>Article</i>	<i>Formal or Informal</i>	<i>Nature of Adulteration</i>	<i>Observations</i>
34	Apple Chutney ..	Informal	Contained non-permitted preservative.	
35	Mixed Fruit Chutney ..	Informal	Contained non-permitted preservative.	
38	Tindas in Brine ..	Informal	Contained excess of tin.	
66	Mango Chutney ..	Informal	Contained excess of tin.	
67	Canned Fruit ..	Informal	Unsatisfactory label.	
68	Bitter Gourd ..	Informal	Contained excess of tin.	
69	Bitter Gourd ..	Informal	Contained excess of tin.	
75	Tomato Paste ..	Informal	Contained excess of tin.	
80	Paw Paw Cubes ..	Informal	Contained excess of tin.	
96	Chilli Oil Pickle ..	Informal	Contained non-permitted preservative.	

The Preservatives in Food Regulations, 1962.

All appropriate samples were examined for compliance with the Regulations.

Five samples of Pickles contained salicylic acid, which is not permitted in any food.

Two samples of Chutney contained benzoic acid. This preservative is permitted in some foods but not in chutney. All seven samples were the produce of the same manufacturer and were packed in an Eastern country.

Sulphur dioxide preservative was found in two samples of Pork Sausages and one sample of Pork Sausage Meat. Sulphur dioxide is permitted in sausages and sausage meat, but if it is used its presence must be declared by label or notice. These samples were sold without the required declaration.

Metallic contamination of Food.

The Lead in Food Regulations.

Three samples of Canned Soft Drinks contained amounts of lead in excess of the limit specified in the Regulations. The remaining stocks were condemned. These samples were all packed in cans in which the side seam was lead soldered. This type of can has been replaced by one in which tin is used to seal the side seam and the new pack is expected to be satisfactory.

Tin.

There is no statutory limit for tin in food but 250 p.p.m. is the generally accepted limit. Seven samples of Canned Food contained more than this limit.

The Labelling of Food Order.

There were five infringements of the Order. Three samples did not have a declaration of ingredients, one sample did not have the usual or common name of the article on the label, and one sample declared the presence of Vitamins but did not give the type of Vitamin or the amount.

The Colouring Matter in Food Regulations, 1957.

There were no contraventions of the Regulations.

Pesticides in Food.

A small survey has been started to find the amount of pesticide residues present in food sold in Derby. This preliminary work was confined to analysis for chlorinated hydrocarbon pesticides in fresh fruit and vegetables.

Forty-seven samples were tested. Traces of pesticide were found in 21 samples. It is encouraging to note that the amounts present were in all cases well below the generally accepted limit.

6. Consumer Complaints.

(a) *Complaints of foreign material substantiated by analysis.*

- | | |
|------------------|-----------------------------------------------------------|
| (1) Eccles Cake. | Dark material was a limestone chipping coated with tar. |
| (2) Pork Pie. | Contained two glass fragments. |
| (3) Fruit Pie. | Presence of mould confirmed on inside of lid. |
| (4) Corned Beef. | Contained piece of mutton cloth. Legal proceedings taken. |

(b) *Complaints not substantiated by analysis.*

- | | |
|-------------------------|---------------------------------------------------------------------------|
| (1) Canned Corned Beef. | Thought to have caused mild food poisoning. No harmful constituent found. |
| (2) Grapefruit Crush. | Small black specks not identified. |
| (3) Currant Squares. | Paraffin taint not confirmed. |

7. Miscellaneous.

Six cans of Corned Beef from a stock of 50 of the same brand were examined for lead and tin content. The amounts found were not excessive.

A number of imported Plastic Toy Sets were examined for lead content. In some of the toys the amount of lead found was greater than is generally recommended. There are no regulations covering these products.

8. Fertilisers and Feeding Stuffs Act.

The following samples of Feeding Stuffs were examined:

Compound Cake	...	5
Flaked Maize	... ..	1
Poultry Food	... ..	3
		9
		—

The results of two samples did not agree with the claims in the Statutory Statements. One of these samples contained a slight excess of protein, the other was slightly deficient in protein.

Legal Proceedings taken during the year ending December, 1965.

<i>Date</i>	<i>Offence</i>	<i>Result</i>
21/1/65	Selling a loaf of bread which was not of the substance demanded, but contained fragments of the body of a rodent. (Section 2, Food & Drugs Act, 1955).	Fined £10 Advocate's fee £4 4s. 0d. Analyst's fee £4 0s. 0d.
21/1/65	Permitting land at North Parade to be used as a caravan site without being the holder of a site licence.	Fined £5
25/3/65	Selling butter which was not of the substance demanded, but contained a piece of self-adhesive plaster. (Section 2 of the Food & Drugs Act, 1955).	Fined £10 Advocate's fee £3 3s. 0d.
25/3/65	Selling a scone which was not of the substance demanded, but contained a nail. (Section 2 of the Food & Drugs Act, 1955).	Fined £10 Advocate's fee £3 3s. 0d.
25/3/65	Dangerous conveyor belt at shop premises (Section 17 (1) Offices, Shops and Railway Premises Act, 1963).	Fined £20 Advocate's fee £3 3s. 0d.
2/4/65	Failure to register premises with the Council. (Section 49 (1) of the Offices, Shops and Railway Premises Act, 1963).	Fined £3
2/4/65	Failure to register premises with the Council. (Section 49 (1) of the Offices, Shops and Railway Premises Act, 1963).	Fined £3
2/4/65	Failure to register premises with the Council. (Section 49 (1) of the Offices, Shops and Railway Premises Act, 1963).	Fined £3
9/4/65	Selling a tin of Irish stew which was not of the substance demanded, but contained a piece of string. (Section 2 of the Food & Drugs Act, 1955).	Fined £5 Advocate's fee £3 3s. 0d.
9/4/65	Using premises as Common Lodging Houses without being registered as such. (Section 236 of the Public Health Act, 1936).	Fined £10
23/4/65	Failure to register premises with the Council. (Section 49 (1) of the Offices, Shops and Railway Premises Act, 1963).	Fined £5
15/7/65	Failure to comply with a Notice served under Section 14 of the Housing Act, 1961.	Fined £15
7/10/65	Contraventions of Food Hygiene (General) Regulations, 1960.	Fined £28 Advocate's fee £5 5s. 0d.
7/10/65	Contraventions of Food Hygiene (General) Regulations, 1960.	Fined £40 Advocate's fee £5 5s. 0d.
7/10/65	Contraventions of Food Hygiene (General) Regulations, 1960.	Fined £95 5s. 0d. Advocate's fee £5 5s. 0d.

<i>Date</i>	<i>Offence</i>	<i>Result</i>
7/10/65	Selling a carton of yoghurt containing a beetle. (Section 2 of Food & Drugs Act, 1955).	Fined £5 Advocate's fee £5 5s. 0d.
4/11/65	Selling corned beef which was not of the substance demanded, but contained a piece of fabric. (Section 2 of Food & Drugs Act, 1955).	Fined £10 Advocate's fee £4 4s. 0d. Special costs £4 0s. 0d.
4/11/65	Bakery premises.—Contraventions of the Food Hygiene (General) Regulations, 1960.	Fined £150 Advocate's fee £8 8s. 0d.
11/11/65	Allowing individuals to take up residence in the house so as to increase the number above the limit specified in the Direction. (Section 19 (2), Housing Act, 1961).	Fined £5
19/11/65	Failing to supply information about the persons resident in the house. (Section 19 (9), Housing Act, 1961).	Fined £10
17/12/65	Allowing individuals to take up residence in the house so as to increase the number above the limit specified in the Direction. (Section 19 (2), Housing Act, 1961).	Fined £5
17/12/65	Allowing individuals to take up residence in the house so as to increase the number above the limit specified in the Direction. (Section 19 (2), Housing Act, 1961).	Fined £5
17/12/65	Allowing individuals to take up residence in the house so as to increase the number above the limit specified in the Direction. (Section 19 (2), Housing Act, 1961).	Fined £5

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